CI FACT BOOK

National
Cancer
Program

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NCI FACT BOOK

National Cancer Program
1981

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U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service National Institutes of Health

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PREFACE

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20205.

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DIRECTORY OF PERSONNEL

NATIONAL CANCER INSTITUTE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

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Dr. Alan S. Rabson	3-A-03	496-4345
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ADMINISTRATIVE OFFICER	**BUILDING 31**	
Mr. Nicholas Olmpio	4A-46	496-6616

NATIONAL CANCER INSTITUTE HISTORICAL DATA

LEGISLATIVE HIGHLIGHTS

July 23, 1937—The National Cancer Institute Act, introduced by Congressman Warren G. Magnuson, was passed by Congress. An appropriation of $700,000 for each fiscal year was authorized.

July 1, 1944—The Public Health Service Act, Public Law 410, 78th Congress provided that "The National Cancer Institute shall be a division in the National Institutes of Health." The act also revised and consolidated many revisions into a single law. The limit of $700,000 annual appropriation was removed.

January 22, 1971—In his State of the Union Message, President Nixon announced that he would ask for the appropriation of an additional $100 million to launch an intensive effort to control cancer, and that he would ask later for whatever additional funds could be effectively used.

December 23, 1971—The President signed P. L. 92-218, The National Cancer Act of 1971, providing increased authorities and responsibilities for the NCI Director; initiating a National Cancer Program; establishing a three-member President's Cancer Panel and a 23-member National Cancer Advisory Board; establishing cancer control programs as necessary for cooperation with State and other health agencies, and providing for the collection, analysis, and dissemination of all data useful in the diagnosis, prevention, and treatment of cancer, including the establishment of an international cancer research data bank.

July 23, 1974—The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

August 1, 1977—The Biomedical Research Extension Act of 1977, P.L. 95-83, increased the number of expert appointments from 100 to 151.

November 9, 1978—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law, authorizing appropriations for fiscal years 1979 and 1980. The amendments redefined the National Cancer Program to highlight prevention activities; expanded the membership of the National Cancer Advisory Board to 29 members; added basic research to the cancer centers authority; authorized travel and moving expenses to and from duty station for experts; and emphasized education and information in all aspects of the National Cancer Program.

December 17, 1980—The Health Programs Extension Act of 1980, P.L. 96-538, was signed into law, authorizing expenditure of funds for fiscal years 1981 and 1982.

HISTORICAL EVENTS

August 5, 1937 – President Franklin D. Roosevelt signed the National Cancer Act.

November 9, 1937 – The National Advisory Cancer Council held its first meeting

January 13, 1938 – Dr. Carl Voegtlin was appointed the first Director of the Institute.

October 31, 1940 – President Franklin D. Roosevelt dedicated Building 6.

July 1, 1947 – NCI reorganized to provide for expanded program; intramural cancer research, cancer research grants, and cancer control activities.

July 2, 1953 – NCI inaugurated a full-scale clinical research program in the new Clinical Center.

April 1955 – The Cancer Chemotherapy National Service Center was established in the Institute to coordinate the first national, voluntary, cooperative cancer chemotherapy program.

January 11, 1966 – NCI reorganized to coordinate related activities. The areas of three Scientific Directors were established: Etiology; Chemotherapy; and a group of discipline-oriented laboratories and branches referred to as General Laboratories and Clinics.

April 27, 1970 – At the request of Senator Ralph W. Yarborough, Chairman of the Committee on Labor and Public Welfare, the Senate approved the establishment of the National Panel of Consultants on the Conquest of Cancer.

October 18, 1971 – President Nixon converted the Army's former biological warfare facilities at Fort Detrick, Md., to research on the causes, treatment and prevention of cancer.

December 23, 1971 – President Nixon signed P.L. 92-218, The National Cancer Act of 1971.

June 22, 1972 – The Institute awarded a contract for the operation and maintenance of the Frederick Cancer Research Center at Fort Detrick, Maryland. This constituted the largest research contract ever awarded by a research component of the National Institutes of Health.

June 30, 1972 – A U. S.-U.S.S.R. agreement on the exchange of drugs, visiting scientists, and information was signed.

July 27, 1972 – A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions.

September 10, 1974 – NCI established the Division of Cancer Control and Rehabilitation, which will plan, direct and coordinate an integrated program of activities regarding the widespread application of available and new methods for reducing the incidence, morbidity and mortality from cancer.

July 1975 – The Division of Cancer Treatment was expanded to include the NCI Surgery and Radiation Oncology Branches and the extramural program of Cancer Cooperative Clinical Trials.

May 15, 1978 – The first phase of an extensive NCI reorganization was announced. Day-by-day administrative and funding responsibility for extramural research programs was consolidated in each of the four research divisions. Responsibility for grant and contract review committees and for other committee management activities was transferred to the Division of Cancer Research Resources and Centers.

July 18, 1979 – NCI and the National Naval Medical Center entered into an agreement to cooperate in a research program in cancer treatment at the Naval Medical facility.

July 14, 1980 – The Division of Extramural Affairs replaced the Division of Cancer Research Resources and Centers. Also, the new Division of Resources, Centers and Community Activities replaced the Division of Cancer Control and Rehabilitation.

March 4, 1981 – A Biological Response Modifiers Program (BRMP) was officially established at NCI.

July 14, 1981 – The NCI component of the National Toxicology Program was officially transferred to the National Institute of Environmental Health Sciences.

DIRECTOR
NATIONAL CANCER PROGRAM
NATIONAL CANCER INSTITUTE

Vincent T. DeVita, Jr., M.D.

January 1, 1980 TO PRESENT

Dr. Vincent T. DeVita, Jr., received his B.S. degree in 1957 from the College of William and Mary and in 1961 received his M.D. degree with distinction from the George Washington School of Medicine. He interned at the University of Michigan Medical Center and then completed a year of residency with the George Washington University medical service. Dr. DeVita joined NCI in 1963 as a clinical associate, and after completing a senior residency at the Yale-New Haven Medical Center in 1965-66, returned to NCI as a senior investigator in the Solid Tumor Service and, in 1971, became Chief of the Medicine Branch. He was named Director of the Division of Cancer Treatment in 1974 and, in 1975, Clinical Director of the Institute. In January 1980 he was appointed Acting Director, National Cancer Institute, and in July 1980, Director. Dr. DeVita serves on the editorial boards of numerous medical journals, maintains memberships in many scientific societies, and was President of the American Society of Clinical Oncology (1977-78). For his outstanding research and medical leadership, he has received a number of honors and awards, including the 1972 Albert and Mary Lasker Medical Research Award, and the 1980 Griffuel Prize.

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Dr. Armand Hammer, *Chairman*, 1982 Occidental Petroleum Corporation Washington, D. C.	1984
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1983
Dr. Bernard Fisher University of Pittsburgh Pittsburgh, Pennsylvania	1982

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NATIONAL CANCER ADVISORY BOARD

APPOINTEES

	EXPIRATION OF APPOINTMENT
Dr. Henry C. Pitot, *Chairman* University of Wisconsin Madison, Wisconsin	1982
Dr. Bruce N. Ames University of California Berkeley, California	1982
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1982
Dr. Maureen M. Henderson University of Washington Seattle, Washington	1984
Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Institute Houston, Texas	1986
Dr. Joseph Gale Katterhagen Tacoma General Hospital Tacoma, Washington	1986
Mrs. Rose Kushner Writer Consumer Interest Kensington, Maryland	1986
Ann Landers Field Newspaper Syndicate Chicago, Illinois	1986
Dr. LaSalle D. Leffall Howard University Washington, D.C.	1986
Mrs. Vincent Lombardi Manalapan, Florida	1982
Dr. William E. Powers Harper Grace Hospital Detroit, Michigan	1986
Dr. Janet D. Rowley University of Chicago Chicago, Illinois	1984
Mr. Sheldon W. Samuels AFL-CIO Washington, D.C.	1984
Mr. Morris M. Schrier MCA, Inc. New York, New York	1984
Dr. Frederick Seitz The Rockefeller University New York, New York	1982
Dr. Irving J. Selikoff Mount Sinai School of Medicine New York, New York	1984
Dr. Philippe Shubik Green College Oxford, England	1982
Dr. Gerald N. Wogan Massachusetts Institute of Technology Cambridge, Massachusetts	1984

EX OFFICIO MEMBERS

Dr. John H. Moxley, III
Assistant Secretary of Defense (Health Affairs)
Washington, D.C.

Dr. George A. Keyworth
Office of Science and Technology Policy
Washington, D.C.

Mr. Walter C. Barber
Environmental Protection Agency
Washington, D.C.

Mr. Stuart M. Statler
Consumer Product Safety Commission
Washington, D.C.

Mr. Raymond J. Donovan
Secretary of Labor
Washington, D.C.

Dr. Donald L. Custis
Veterans Administration
Washington, D.C.

Dr. Arthur H. Hayes, Jr.
Food and Drug Administration
Rockville, Maryland

Dr. J. Donald Millar
National Institute for Occupational Safety and Health
Atlanta, Georgia

Dr. David P. Rall
National Institute of Environmental Health Sciences
Research Triangle Park, North Carolina

Mr. Richard Schweiker
Secretary for Health and Human Services
Washington, D.C.

Dr. Thomas E. Malone
National Institutes of Health, PHS
Bethesda, Maryland

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Chevy Chase, Maryland

Dr. Denis J. Prager
Office of Science and Technology Policy
Washington, D.C.

Dr. John Todhunter
Environmental Protection Agency
Washington, D.C.

Dr. Peter W. Preuss
Health Sciences
Bethesda, Maryland

Dr. Victor Alexander
Department of Labor
Washington, D.C.

Dr. Hollis Boren
Veterans Administration
Washington, D.C.

Dr. Allen Heim
Food and Drug Administration
Rockville, Maryland

Dr. Elliott S. Harris
National Institute for Occupational Safety and Health
Atlanta, Georgia

EXECUTIVE SECRETARY

Mrs. Barbara S. Bynum
National Cancer Institute, NIH
Bethesda, Maryland

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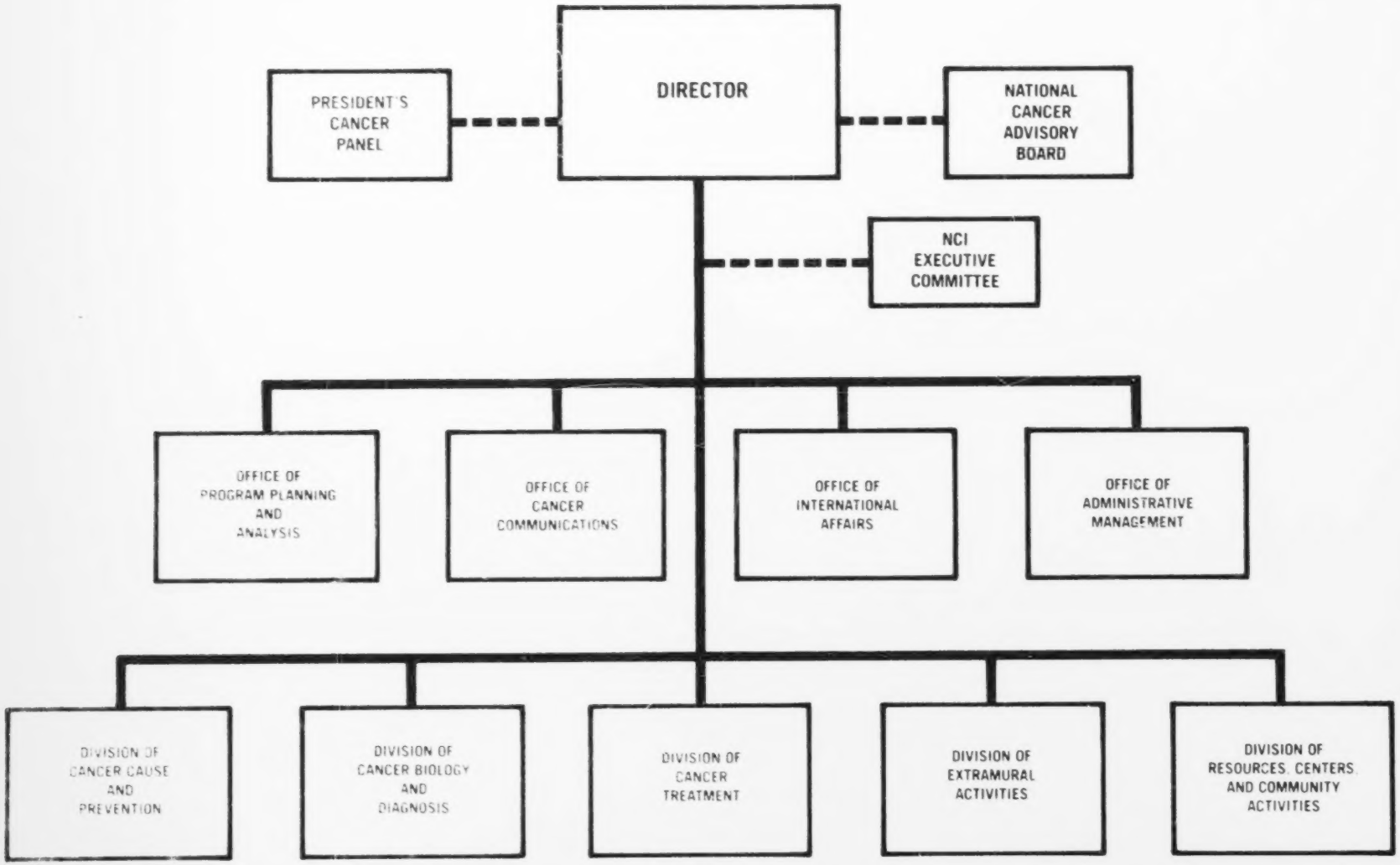
NATIONAL CANCER INSTITUTE


PRESIDENT'S CANCER PANEL
DIRECTOR
NATIONAL CANCER ADVISORY BOARD
NCI EXECUTIVE COMMITTEE
OFFICE OF PROGRAM PLANNING AND ANALYSIS
OFFICE OF CANCER COMMUNICATIONS
OFFICE OF INTERNATIONAL AFFAIRS
OFFICE OF ADMINISTRATIVE MANAGEMENT
DIVISION OF CANCER CAUSE AND PREVENTION
DIVISION OF CANCER BIOLOGY AND DIAGNOSIS
DIVISION OF CANCER TREATMENT
DIVISION OF EXTRAMURAL ACTIVITIES
DIVISION OF RESOURCES, CENTERS, AND COMMUNITY ACTIVITIES

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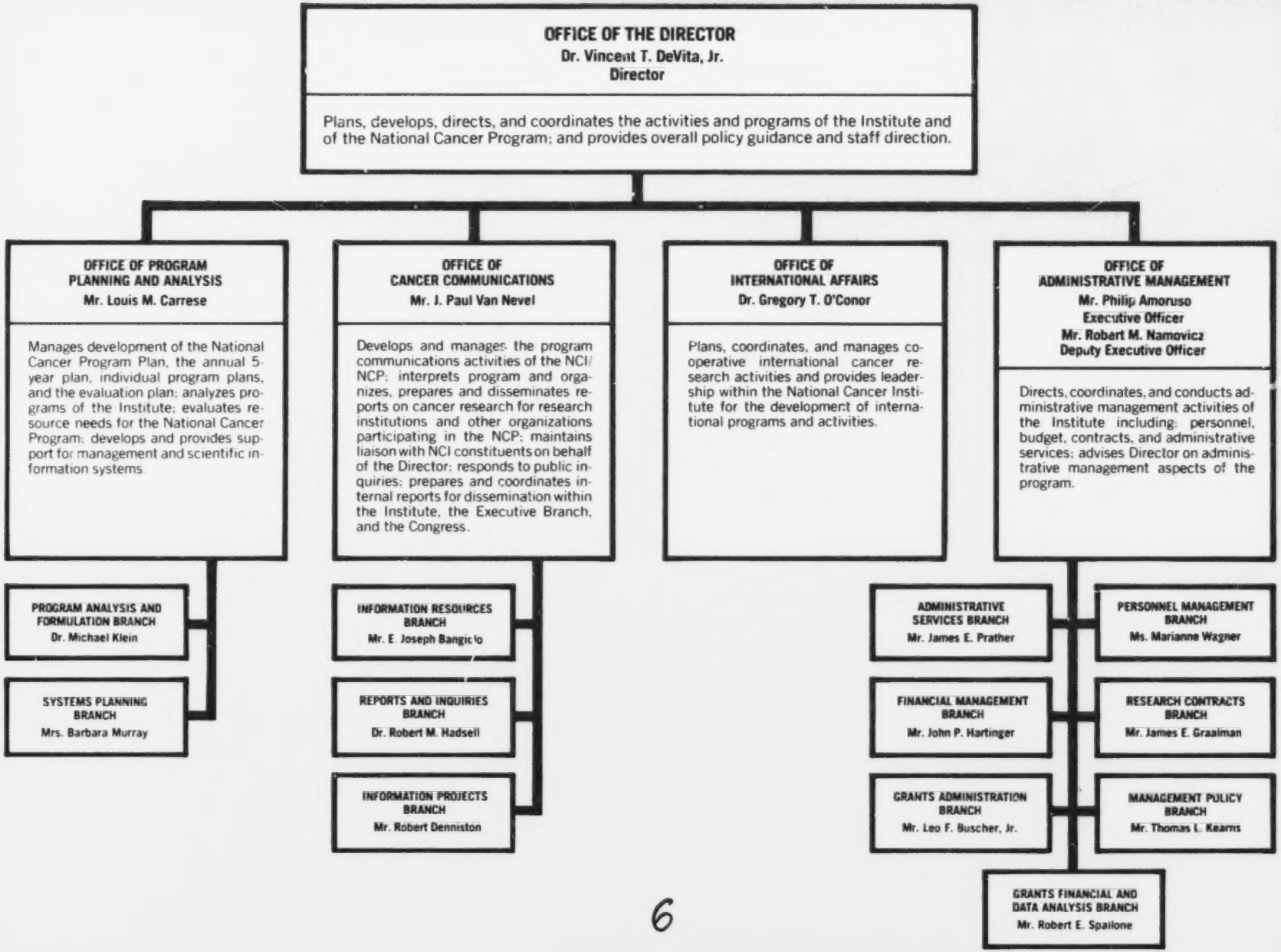
OFFICE OF THE DIRECTOR
Dr. Vincent T. DeVita, Jr.
Director
Plans, develops, directs, and coordinates the activities and programs of the Institute and of the National Cancer Program; and provides overall policy guidance and staff direction.
OFFICE OF PROGRAM PLANNING AND ANALYSIS
Mr. Louis M. Carrese
Manages development of the National Cancer Program Plan, the annual 5-year plan, individual program plans, and the evaluation plan; analyzes programs of the Institute; evaluates resource needs for the National Cancer Program; develops and provides support for management and scientific information systems.
PROGRAM ANALYSIS AND FORMULATION BRANCH
Dr. Michael Klein
SYSTEMS PLANNING BRANCH
Mrs. Barbara Murray
OFFICE OF CANCER COMMUNICATIONS
Mr. J. Paul Van Nevel
Develops and manages the program communications activities of the NCI/NCP; interprets program and organizes, prepares and disseminates reports on cancer research for research institutions and other organizations participating in the NCP; maintains liaison with NCI constituents on behalf of the Director; responds to public inquiries; prepares and coordinates internal reports for dissemination within the Institute, the Executive Branch, and the Congress.
INFORMATION RESOURCES BRANCH
Mr. E. Joseph Bangiolo
REPORTS AND INQUIRIES BRANCH
Dr. Robert M. Hadsell
INFORMATION PROJECTS BRANCH
Mr. Robert Denniston
OFFICE OF INTERNATIONAL AFFAIRS
Dr. Gregory T. O'Conor
Plans, coordinates, and manages cooperative international cancer research activities and provides leadership within the National Cancer Institute for the development of international programs and activities.
OFFICE OF ADMINISTRATIVE MANAGEMENT
Mr. Philip Amoruso
Executive Officer
Mr. Robert M. Namovicz
Deputy Executive Officer
Directs, coordinates, and conducts administrative management activities of the Institute including: personnel, budget, contracts, and administrative services; advises Director on administrative management aspects of the program.
ADMINISTRATIVE SERVICES BRANCH
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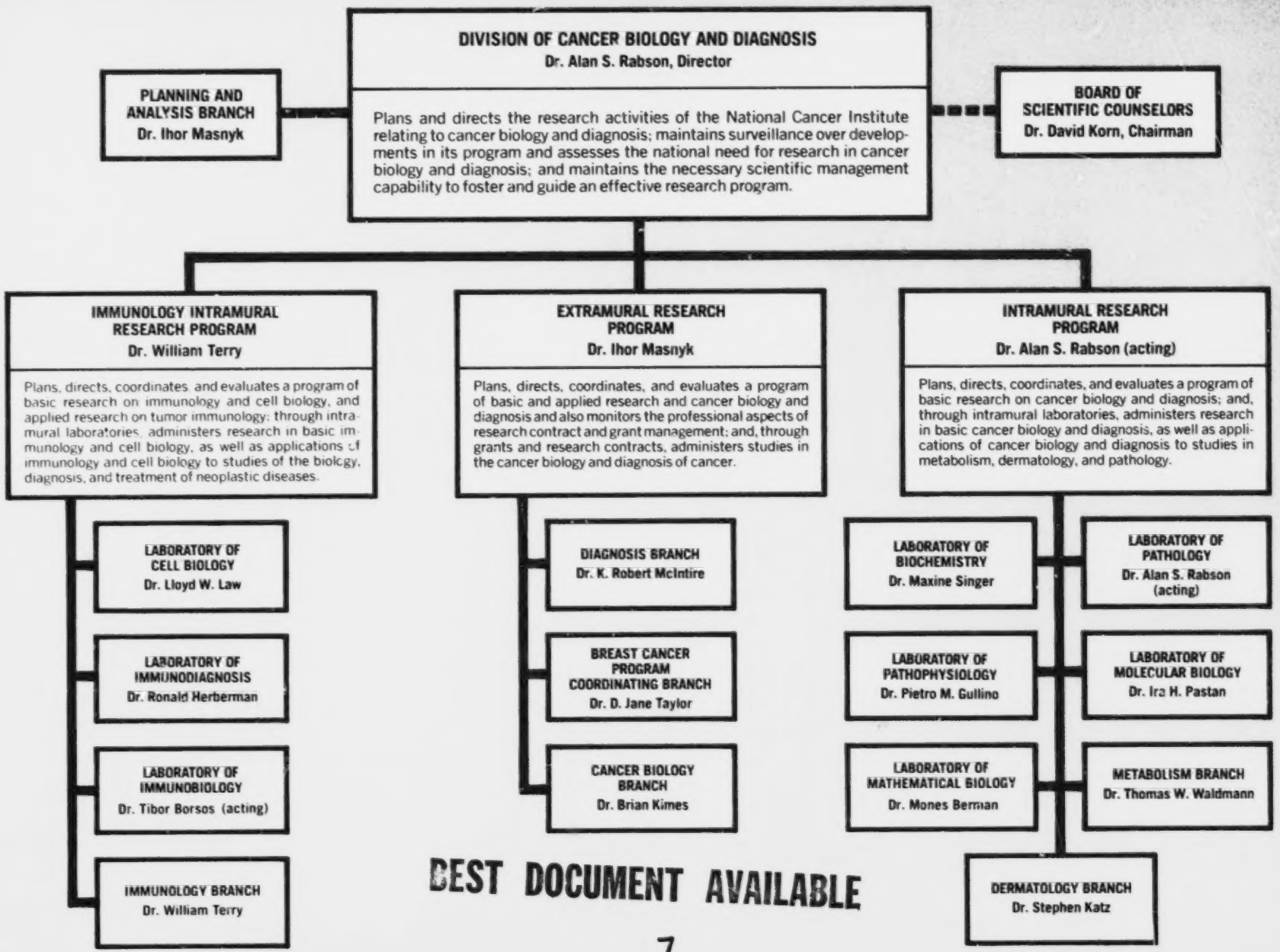
FINANCIAL MANAGEMENT BRANCH
Mr. John P. Hartinger
GRANTS ADMINISTRATION BRANCH
Mr. Leo F. Buscher, Jr.
PERSONNEL MANAGEMENT BRANCH
Ms. Marianne Wagner
RESEARCH CONTRACTS BRANCH
Mr. James E. Graalman
MANAGEMENT POLICY BRANCH
Mr. Thomas L. Kearns
GRANTS FINANCIAL AND DATA ANALYSIS BRANCH
Mr. Robert E. Spallone


DIVISION OF CANCER BIOLOGY AND DIAGNOSIS
Dr. Alan S. Rabson, Director
Plans and directs the research activities of the National Cancer Institute relating to cancer biology and diagnosis; maintains surveillance over developments in its program and assesses the national need for research in cancer biology and diagnosis; and maintains the necessary scientific management capability to foster and guide an effective research program.
PLANNING AND ANALYSIS BRANCH
Dr. Ihor Masnyk
BOARD OF SCIENTIFIC COUNSELORS
Dr. David Korn, Chairman
IMMUNOLOGY INTRAMURAL RESEARCH PROGRAM
Dr. William Terry
Plans, directs, coordinates and evaluates a program of basic research on immunology and cell biology, and applied research on tumor immunology; through intramural laboratories, administers research in basic immunology and cell biology, as well as applications of immunology and cell biology to studies of the biology, diagnosis, and treatment of neoplastic diseases.
EXTRAMURAL RESEARCH PROGRAM
Dr. Ihor Masnyk
Plans, directs, coordinates, and evaluates a program of basic and applied research and cancer biology and diagnosis and also monitors the professional aspects of research contract and grant management; and, through grants and research contracts, administers studies in the cancer biology and diagnosis of cancer.
INTRAMURAL RESEARCH PROGRAM
Dr. Alan S. Rabson (acting)
Plans, directs, coordinates, and evaluates a program of basic research on cancer biology and diagnosis; and, through intramural laboratories, administers research in basic cancer biology and diagnosis, as well as applications of cancer biology and diagnosis to studies in metabolism, dermatology, and pathology.
LABORATORY OF CELL BIOLOGY
Dr. Lloyd W. Law
LABORATORY OF IMMUNODIAGNOSIS
Dr. Ronald Herberman
LABORATORY OF IMMUNOBIOLOGY
Dr. Tibor Borsos (acting)
IMMUNOLOGY BRANCH
Dr. William Terry
DIAGNOSIS BRANCH
Dr. K. Robert McIntire
BREAST CANCER PROGRAM COORDINATING BRANCH
Dr. D. Jane Taylor
CANCER BIOLOGY BRANCH
Dr. Brian Kimes
LABORATORY OF BIOCHEMISTRY
Dr. Maxine Singer
LABORATORY OF PATHOPHYSIOLOGY
Dr. Pietro M. Gullino
LABORATORY OF MATHEMATICAL BIOLOGY
Dr. Mones Berman
LABORATORY OF PATHOLOGY
Dr. Alan S. Rabson (acting)
LABORATORY OF MOLECULAR BIOLOGY
Dr. Ira H. Pastan
METABOLISM BRANCH
Dr. Thomas W. Waldmann
DERMATOLOGY BRANCH
Dr. Stephen Katz

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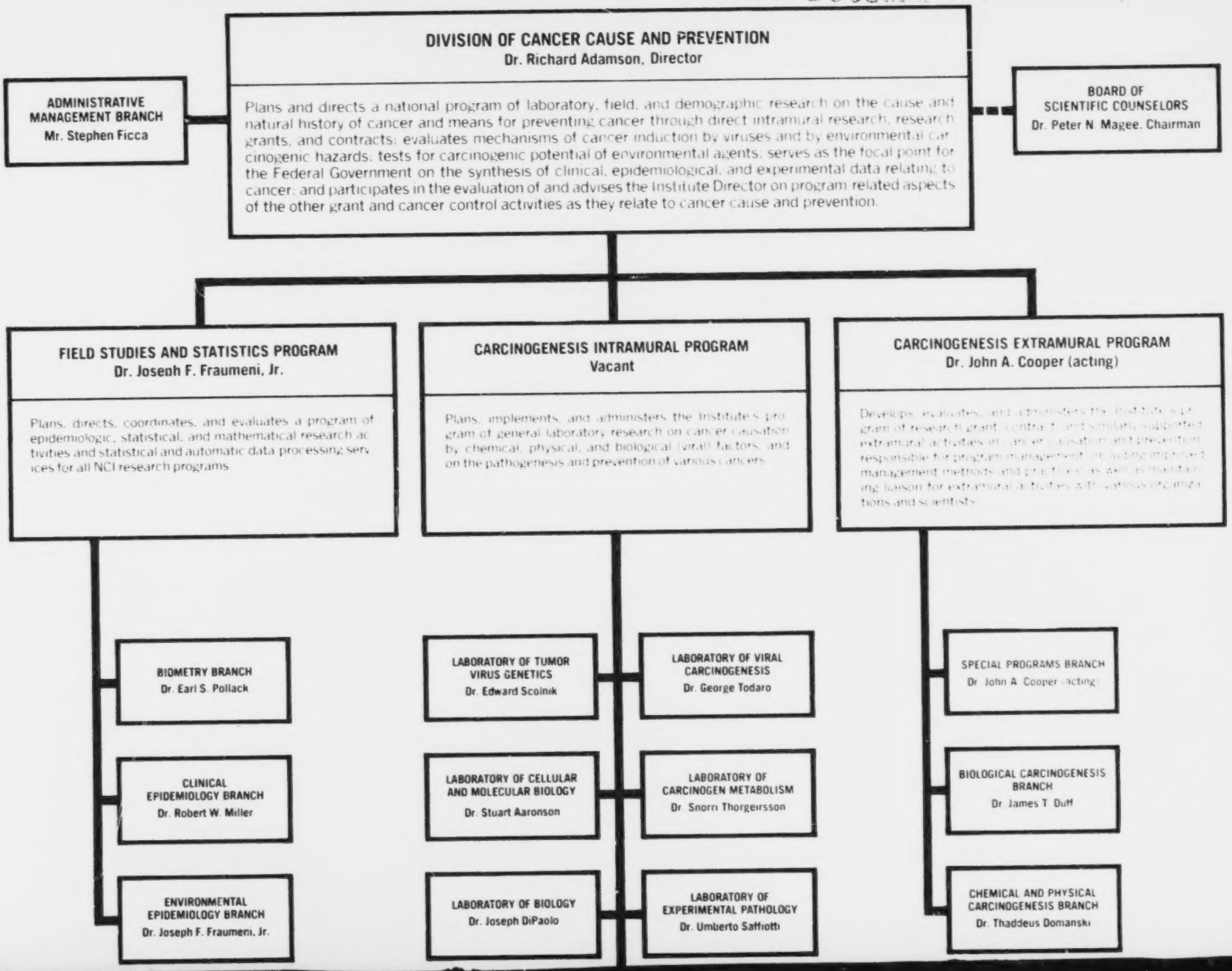
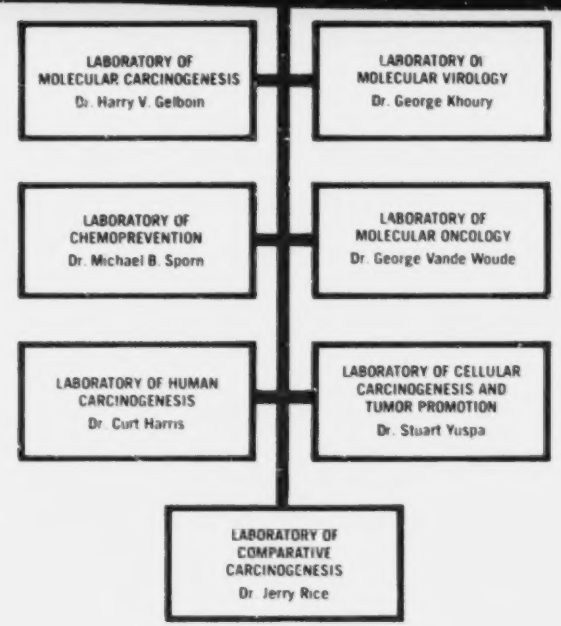

DIVISION OF CANCER CAUSE AND PREVENTION
Dr. Richard Adamson, Director
Plans and directs a national program of laboratory, field, and demographic research on the cause and natural history of cancer and means for preventing cancer through direct intramural research, research grants, and contracts; evaluates mechanisms of cancer induction by viruses and by environmental carcinogenic hazards; tests for carcinogenic potential of environmental agents; serves as the focal point for the Federal Government on the synthesis of clinical, epidemiological, and experimental data relating to cancer; and participates in the evaluation of and advises the Institute Director on program related aspects of the other grant and cancer control activities as they relate to cancer cause and prevention.
ADMINISTRATIVE MANAGEMENT BRANCH
Mr. Stephen Ficca
BOARD OF SCIENTIFIC COUNSELORS
Dr. Peter N. Magee, Chairman
FIELD STUDIES AND STATISTICS PROGRAM
Dr. Joseph F. Fraumeni, Jr.
Plans, directs, coordinates, and evaluates a program of epidemiologic, statistical, and mathematical research activities and statistical and automatic data processing services for all NCI research programs.
CARCINOGENESIS INTRAMURAL PROGRAM
Vacant
Plans, implements, and administers the Institute's program of general laboratory research on cancer causation by chemical, physical, and biological (viral) factors, and on the pathogenesis and prevention of various cancers.
CARCINOGENESIS EXTRAMURAL PROGRAM
Dr. John A. Cooper (acting)
Develops, evaluates, and administers the Institute's program of research grant, contract, and similarly supported extramural activities in cancer causation and prevention; responsible for program management, including improved management methods and practices, as well as maintaining liaison for extramural activities with various organizations and scientists.
BIOMETRY BRANCH
Dr. Earl S. Pollack
CLINICAL EPIDEMIOLOGY BRANCH
Dr. Robert W. Miller
ENVIRONMENTAL EPIDEMIOLOGY BRANCH
Dr. Joseph F. Fraumeni, Jr.
LABORATORY OF TUMOR VIRUS GENETICS
Dr. Edward Scolnik
LABORATORY OF VIRAL CARCINOGENESIS
Dr. George Todaro
LABORATORY OF CELLULAR AND MOLECULAR BIOLOGY
Dr. Stuart Aaronson
LABORATORY OF CARCINOGEN METABOLISM
Dr. Snorri Thorgeirsson
LABORATORY OF BIOLOGY
Dr. Joseph DiPaolo
LABORATORY OF EXPERIMENTAL PATHOLOGY
Dr. Umberto Saffiotti
SPECIAL PROGRAMS BRANCH
Dr. John A. Cooper (acting)
BIOLOGICAL CARCINOGENESIS BRANCH
Dr. James T. Duff
CHEMICAL AND PHYSICAL CARCINOGENESIS BRANCH
Dr. Thaddeus Domanski



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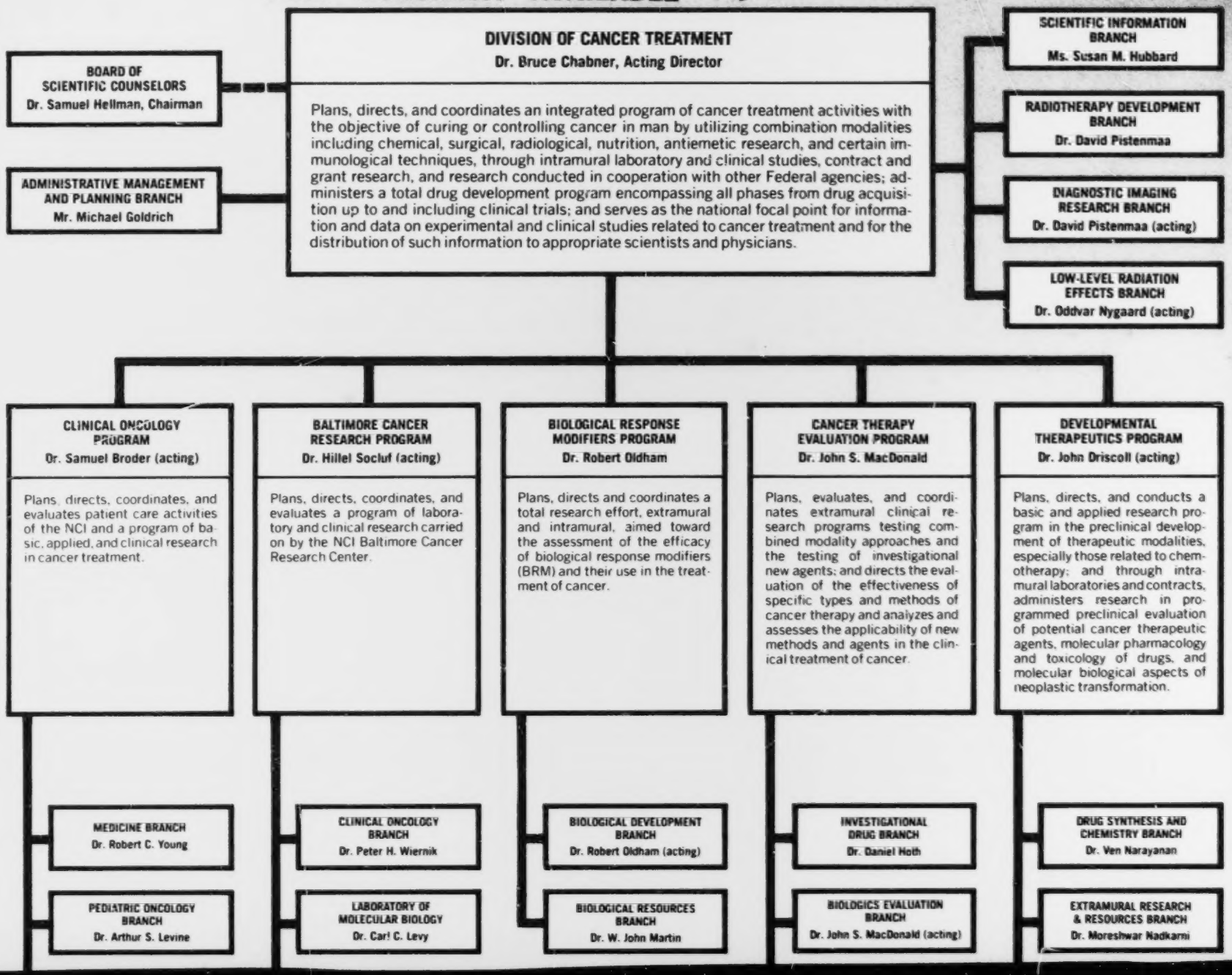
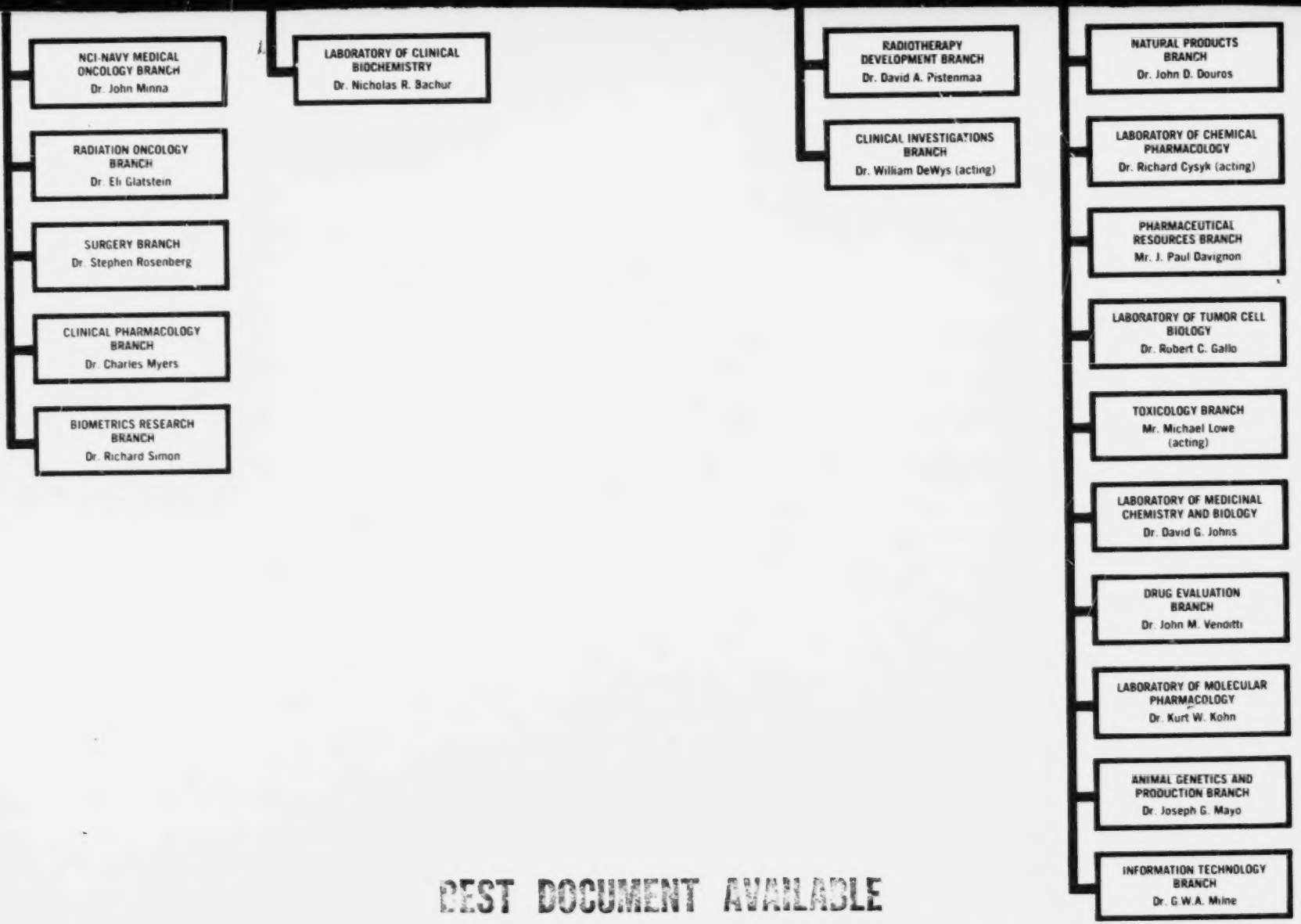

BOARD OF SCIENTIFIC COUNSELORS
Dr. Samuel Hellman, Chairman
ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH
Mr. Michael Goldrich
DIVISION OF CANCER TREATMENT
Dr. Bruce Chabner, Acting Director
Plans, directs, and coordinates an integrated program of cancer treatment activities with the objective of curing or controlling cancer in man by utilizing combination modalities including chemical, surgical, radiological, nutrition, antiemetic research, and certain immunological techniques, through intramural laboratory and clinical studies, contract and grant research, and research conducted in cooperation with other Federal agencies; administers a total drug development program encompassing all phases from drug acquisition up to and including clinical trials; and serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians.
SCIENTIFIC INFORMATION BRANCH
Ms. Susan M. Hubbard
RADIOTHERAPY DEVELOPMENT BRANCH
Dr. David Pistenmaa
DIAGNOSTIC IMAGING RESEARCH BRANCH
Dr. David Pistenmaa (acting)
LOW-LEVEL RADIATION EFFECTS BRANCH
Dr. Oddvar Nygaard (acting)
CLINICAL ONCOLOGY PROGRAM
Dr. Samuel Broder (acting)
Plans, directs, coordinates, and evaluates patient care activities of the NCI and a program of basic, applied, and clinical research in cancer treatment.
BALTIMORE CANCER RESEARCH PROGRAM
Dr. Hillel Socluf (acting)
Plans, directs, coordinates, and evaluates a program of laboratory and clinical research carried on by the NCI Baltimore Cancer Research Center.
BIOLOGICAL RESPONSE MODIFIERS PROGRAM
Dr. Robert Oldham
Plans, directs and coordinates a total research effort, extramural and intramural, aimed toward the assessment of the efficacy of biological response modifiers (BRM) and their use in the treatment of cancer.
CANCER THERAPY EVALUATION PROGRAM
Dr. John S. MacDonald
Plans, evaluates, and coordinates extramural clinical research programs testing combined modality approaches and the testing of investigational new agents; and directs the evaluation of the effectiveness of specific types and methods of cancer therapy and analyzes and assesses the applicability of new methods and agents in the clinical treatment of cancer.
DEVELOPMENTAL THERAPEUTICS PROGRAM
Dr. John Driscoll (acting)
Plans, directs, and conducts a basic and applied research program in the preclinical development of therapeutic modalities, especially those related to chemotherapy; and through intramural laboratories and contracts, administers research in programmed preclinical evaluation of potential cancer therapeutic agents, molecular pharmacology and toxicology of drugs, and molecular biological aspects of neoplastic transformation.
MEDICINE BRANCH
Dr. Robert C. Young
PEDIATRIC ONCOLOGY BRANCH
Dr. Arthur S. Levine
CLINICAL ONCOLOGY BRANCH
Dr. Peter H. Wiernik
LABORATORY OF MOLECULAR BIOLOGY
Dr. Carl C. Levy
BIOLOGICAL DEVELOPMENT BRANCH
Dr. Robert Oldham (acting)
BIOLOGICAL RESOURCES BRANCH
Dr. W. John Martin
INVESTIGATIONAL DRUG BRANCH
Dr. Daniel Hoth
BIOLOGICS EVALUATION BRANCH
Dr. John S. MacDonald (acting)
DRUG SYNTHESIS AND CHEMISTRY BRANCH
Dr. Ven Narayanan
EXTRAMURAL RESEARCH & RESOURCES BRANCH
Dr. Moreshwar Nadkarni



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DIVISION OF RESOURCES, CENTERS, AND COMMUNITY ACTIVITIES

Dr. Peter Greenwald, Director

Plans and conducts research, evaluation, demonstration, technology transfer, education, and information dissemination programs to expedite optimal use of new information relevant to the prevention, detection, and diagnosis of cancer, and the pretreatment evaluation, treatment, rehabilitation, and the continuing care of cancer patients in the community and in cancer centers; plans, directs, and coordinates the support of cancer research at cancer centers and through organ site programs; plans and conducts basic and applied research programs in pain and rehabilitation; supports professional and paraprofessional clinical education, research training, and continuing education; and administers project grant programs for the construction, alteration, renovation, and equipping of basic and clinical research facilities.

ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH
Mr. Nicholas Olimpio

BOARD OF SCIENTIFIC COUNSELORS
Dr. Stephen K. Carter, Chairman

PREVENTION, DETECTION, AND DIAGNOSIS PROGRAM

Vacant

Identifies new research findings that are of importance for prevention, early detection, or diagnosis; plans and conducts research necessary to further develop and ensure validity of measures for the prevention, early detection, or diagnosis of cancer and to evaluate such programs when applied to the general population; plans and conducts research to analyze, evaluate, and refine cancer prevention, detection, and diagnosis strategies to assure maximum benefits to the largest possible population with the least risk and cost; and demonstrates prevention, detection, and diagnosis activities in cancer centers and communities and in selected populations.

PREVENTIVE MEDICINE BRANCH
Dr. Richard D. Costlow

BEHAVIORAL MEDICINE BRANCH
Dr. Catherine S. Bell

OCCUPATIONAL CANCER BRANCH
Mr. John P. Pearman (acting)

SCREENING BRANCH
Vacant

TREATMENT, CONTINUING CARE, AND REHABILITATION PROGRAM

Vacant

Plans and conducts basic research programs in pain and rehabilitation; identifies new research findings that are of importance for treatment, continuing care, or rehabilitation of cancer patients; plans and conducts research to determine best methods for limiting morbidity and mortality of cancer through participation of community physicians, community hospitals, and other community agencies in the treatment of cancer; plans and conducts research necessary to further develop and ensure validity of measures for the continuing care or rehabilitation of cancer patients; plans and conducts research to determine best methods for implementing new research findings of importance for cancer treatment, continuing care, and rehabilitation to assure maximum benefits to the largest possible population with the least risk and cost; and demonstrates treatment, continuing care, and rehabilitation activities in cancer centers and communities.

COMMUNITY OUTREACH AND REHABILITATION BRANCH
Dr. Peter Greenwald (acting)

RESEARCH RESOURCES PROGRAM

Vacant

Plans, directs, and evaluates a program of exploratory grants and care support grants for cancer research centers; plans and conducts coordinated research programs on cancers of high incidence, e.g., urinary bladder, large bowel, pancreas, and prostate through the Organ Site Programs; plans and conducts research resource activities including construction, professional and paraprofessional clinical education, research training, and continuing education; and develops additional research resources as needed.

ORGAN SITE BRANCH
Dr. Andrew Chiarodo

CANCER CENTERS BRANCH
Dr. Donald M. Pitcairn

CLINICAL MANPOWER BRANCH
Dr. Margaret H. Edwards

RESEARCH FACILITIES BRANCH
Dr. Donald G. Fox

RESEARCH MANPOWER BRANCH
Dr. Barney C. Lepovetsky

EDUCATIONAL RESEARCH AND EVALUATION BRANCH
Dr. Arlene R. Barro (acting)

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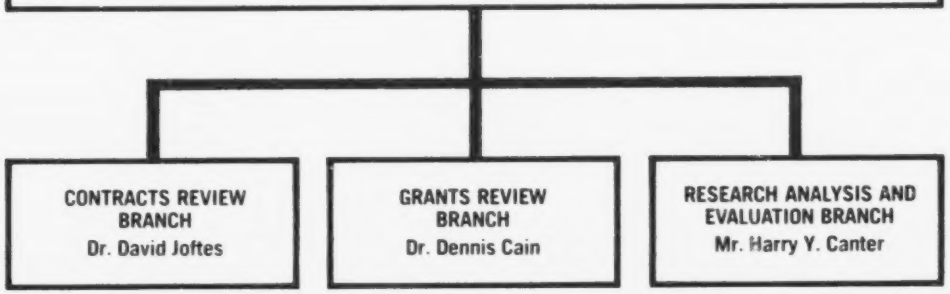
DIVISION OF EXTRAMURAL ACTIVITIES

Mrs. Barbara S. Bynum, Director

Administers and directs the Institute's grant and contract review and processing activities; provides initial technical and scientific merit review of grants and contracts for the Institute; provides grants management for the Institute; represents the Institute on over-all NIH extramural and collaborative program policy committees, coordinates such policy within NCI, and develops and recommends NCI policies and procedures as related to the review of grants and contracts, coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board and the President's Cancer Panel; coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board and the President's Cancer Panel; coordinates program planning and evaluation in the extramural area; provides scientific reports and analyses to the Institute's grant and contract programs; provides financial data and analyses on grants and contracts to the Institute; and recommends to the Director, NCI, funding levels of extramural programs.



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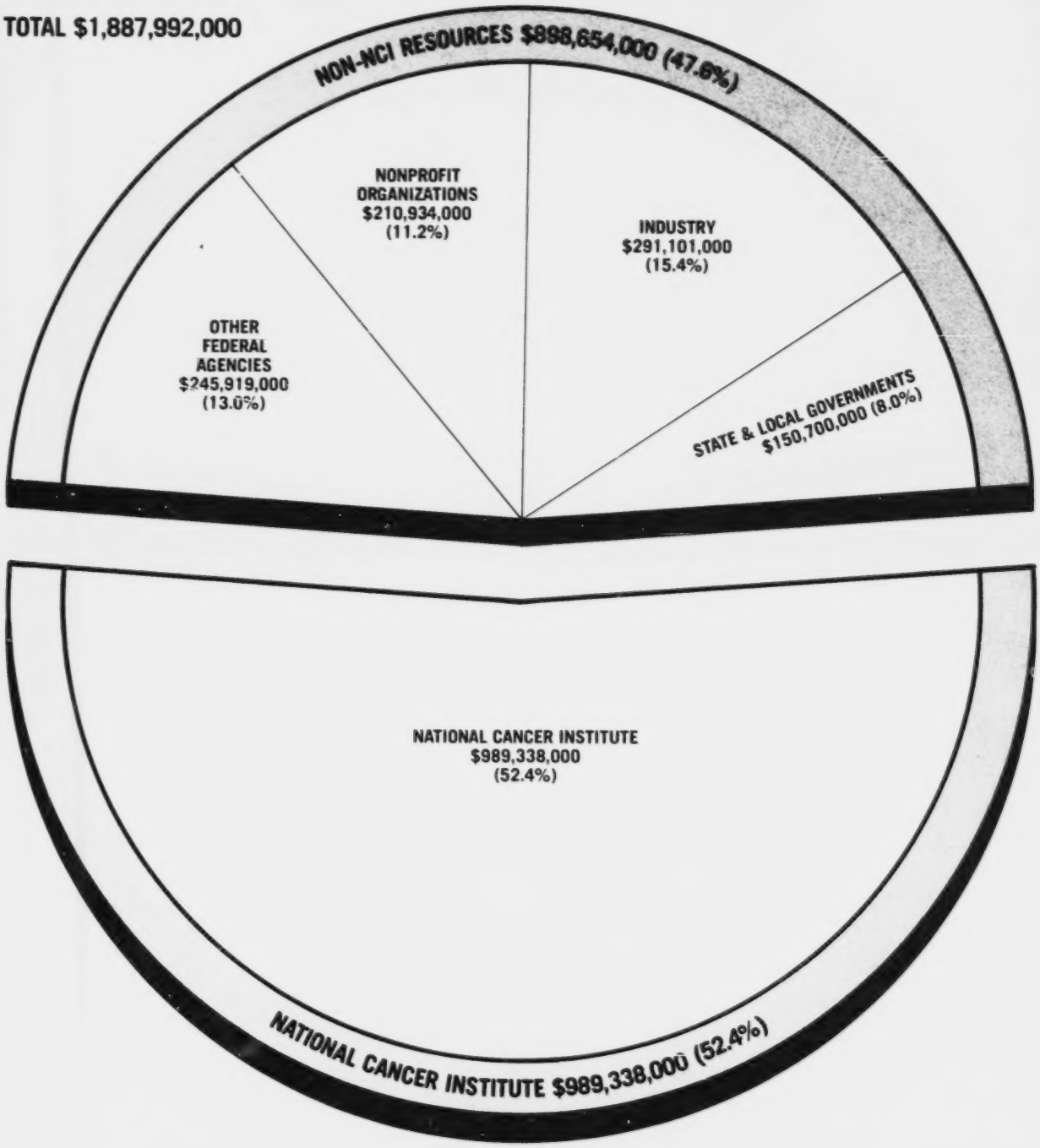
TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER CONTROL—FISCAL YEAR 1981


TOTAL $1,887,992,000
NON-NCI RESOURCES $898,654,000 (47.6%)
NONPROFIT ORGANIZATIONS $210,934,000 (11.2%)
INDUSTRY $291,101,000 (15.4%)
OTHER FEDERAL AGENCIES $245,919,000 (13.0%)
STATE & LOCAL GOVERNMENTS $150,700,000 (8.0%)
NATIONAL CANCER INSTITUTE $989,338,000 (52.4%)
NATIONAL CANCER INSTITUTE $989,338,000 (52.4%)

NOTE: Non-NCI resources data were provided by the Office of Program Planning and Analysis, NCI.

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NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1978

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung	Breast	Leukemia	Leukemia	Leukemia	Breast	Lung	Breast	Lung	Breast	Lung	Colon & Rectum
71,006	34,329	550	411	827	585	10,124	8,205	46,049	17,403	14,646	12,626
Colon & Rectum	Colon & Rectum	Brain & CNS	Brain & CNS	Brain & CNS	Leukemia	Colon & Rectum	Lung	Colon & Rectum	Lung	Prostate	Breast
25,696	27,573	344	275	467	493	2,462	4,679	13,717	14,463	12,298	8,129
Prostate	Lung	Bone	Bone	Hodgkin's Disease	Brain & CNS	Pancreas	Colon & Rectum	Prostate	Colon & Rectum	Colon & Rectum	Lung
21,674	24,080	47	45	335	347	1,262	2,210	9,047	12,551	9,325	4,819
Pancreas	Uterus	Connec-tive Tissue	Kidney	Testis	Uterus	Brain & CNS	Uterus	Pancreas	Ovary	Pancreas	Pancreas
11,010	10,842	43	44	329	295	1,282	2,111	6,490	5,992	3,208	3,939
Stomach	Ovary	Kidney	Connec-tive Tissue	Melanoma of the skin	Hodgkin's Disease	Leukemia	Ovary	Stomach	Uterus	Bladder	Uterus
8,529	10,651	39	43	261	223	1,065	2,029	4,558	5,480	3,172	2,954

SOURCE: Vital Statistics of the United States, 1978.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1978

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	All Causes	**1,927,788**	**883.4**	**100.0**
1	Diseases of Heart	729,510	334.3	37.8
2	**Cancer**	**396,992**	**181.9**	**20.6**
3	Stroke	175,629	80.5	9.1
4	Accidents	105,561	48.4	5.5
5	Influenza and Pneumonia	58,319	26.7	3.0
6	Diabetes Mellitus	33,841	15.5	1.8
7	Cirrhosis of Liver	30,066	13.8	1.6
8	Arteriosclerosis	28,940	13.3	1.5
9	Suicide	27,294	12.5	1.4
10	Diseases of Infancy	22,033	10.1	1.1
11	Bronchitis, Emphysema, and Asthma	21,875	10.0	1.1
12	Homicide	20,432	9.4	1.1
13	Congenital Anomalies	12,968	5.9	0.7
14	Nephritis and Nephrosis	8,868	4.1	0.5
15	Septicemia and Pyemia	7,800	3.6	0.4
	Other and Ill-Defined	24,766	113.5	12.8

SOURCE: National Center for Health Statistics, 1978.

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ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE—1981[1]

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
	[illegible]	227,500	[illegible]	[illegible]	403,000[1]	[illegible]
[illegible]	[illegible]	6,300	[illegible]	[illegible]	18,400	[illegible]
[illegible]	[illegible]	150	[illegible]	[illegible]	4,100	[illegible]
[illegible]	[illegible]	1,400	[illegible]	[illegible]	3,200	[illegible]
[illegible]	[illegible]	450	[illegible]			
[illegible]	[illegible]	400	[illegible]	[illegible]	5,700	[illegible]
[illegible]	[illegible]	1,000	[illegible]			
[illegible]	[illegible]	2,900	[illegible]	[illegible]	5,400	[illegible]
[illegible]	[illegible]	57,600	[illegible]	[illegible]	99,700	[illegible]
[illegible]	[illegible]	5,800	[illegible]	[illegible]	6,200	[illegible]
[illegible]	[illegible]	8,400	[illegible]	[illegible]	14,500	[illegible]
[illegible]	[illegible]	350	[illegible]	[illegible]	1,100	[illegible]
[illegible]	[illegible]	21,500	[illegible]	[illegible]	38,000	[illegible]
[illegible]	[illegible]	4,700	[illegible]	[illegible]	20,000	[illegible]
[illegible]	[illegible]	4,600	[illegible]	[illegible]	6,000	[illegible]
[illegible]	[illegible]	11,500	[illegible]	[illegible]	12,700	[illegible]
[illegible]	[illegible]	750	[illegible]	[illegible]	1,200	[illegible]
[illegible]	[illegible]	81,000	[illegible]	[illegible]	99,000	[illegible]
[illegible]	[illegible]	3,100	[illegible]	[illegible]	9,000	[illegible]
[illegible]	[illegible]	77,000	[illegible]	[illegible]	88,000	[illegible]
[illegible]	[illegible]	900	[illegible]	[illegible]	2,000	[illegible]
[illegible]	[illegible]	5,800	[illegible]	[illegible]	10,700	[illegible]
[illegible]	[illegible]	1,000	[illegible]	[illegible]	1,100	[illegible]
[illegible]	[illegible]	800	[illegible]	[illegible]	2,600	[illegible]
[illegible]	[illegible]	4,000	[illegible]	[illegible]	7,000	[illegible]
[illegible]	[illegible]	300	[illegible]	[illegible]	900	[illegible]
[illegible]	[illegible]	23,700	[illegible]	[illegible]	75,200	[illegible]
[illegible]	[illegible]	—	[illegible]	[illegible]	—	[illegible]
[illegible]	[illegible]	—	[illegible]	[illegible]	—	[illegible]
[illegible]	[illegible]	22,700	[illegible]	[illegible]	70,000	[illegible]
[illegible]	[illegible]	1,000	[illegible]	[illegible]	5,200	[illegible]
[illegible]	[illegible]	12,200	[illegible]	[illegible]	38,000	[illegible]
[illegible]	[illegible]	7,300	[illegible]	[illegible]	27,000	[illegible]
[illegible]	[illegible]	4,900	[illegible]	[illegible]	11,000	[illegible]
[illegible]	[illegible]	200	[illegible]	[illegible]	900	[illegible]
[illegible]	[illegible]	5,600	[illegible]	[illegible]	6,700	[illegible]
[illegible]	[illegible]	600	[illegible]	[illegible]	3,300	[illegible]
[illegible]	[illegible]	350	[illegible]	[illegible]	2,800	[illegible]
[illegible]	[illegible]	250	[illegible]	[illegible]	500	[illegible]
[illegible]	[illegible]	8,900	[illegible]	[illegible]	13,000	[illegible]
[illegible]	[illegible]	11,200	[illegible]	[illegible]	20,900	[illegible]
[illegible]	[illegible]	1,000	[illegible]	[illegible]	4,100	[illegible]
[illegible]	[illegible]	3,400	[illegible]	[illegible]	2,800	[illegible]
[illegible]	[illegible]	6,800	[illegible]	[illegible]	12,000	[illegible]
[illegible]	[illegible]	14,100	[illegible]	[illegible]	16,500	[illegible]

Note: The estimates of new cancer cases are offered as useful guides but should not be regarded as precise. Experience indicates that year-to-year changes may represent improvements in the base data.

Carcinoma in situ and non-melanoma skin cancers not included in totals. (In males only, these would add approximately [illegible] cases annually. Non-melanoma skin cancer accounts for about 400,000 new cases annually. [illegible] 5,000 other skin 1,700.)

Incidence estimates are based on rates from NCI SEER Program 1973-1977.

RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE[1]

The National Cancer Institute recognizes that one of the most valuable resources to be drawn upon in the fight against cancer is the wealth of scientific talent available in the U. S. and around the world. In an effort to attract and maintain the highest quality scientific staff, two personnel systems are used: the U. S. Civil Service System and the PHS Commissioned Corps. In addition, the Staff Fellowship Program and the NIH Visiting Program have been designed to meet special needs. Special programs are also available for those who qualify.

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
I. CIVIL SERVICE			
A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D. – $33,086 Physicians – $42,546 Maximum: $57,500	Office of Personnel Management. Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS			
A. Special Appointment of Experts and Consultants (non tenured appointment which can be extended up to 4 years)	Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS 13 through GS 18. Maximum: $57,500	Recommendation by Division Directors. Final approval rests with the Director, NCI.
III. MEDICAL STAFF FELLOWS			
A. Medical Staff Fellows	Appointment for 2 or 3 years with an additional 1 year extension for an initial 2 year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	$30,000-$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
B. Medical Staff Fellows in Pharmacology (PRAT Fellows): For physicians committed to research careers in pharmacological sciences, or clinical pharmacology.	Appointment for 2 or 3 years with an additional 1 year extension for an initial 2 year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	$30,000-$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
IV. VISITING PROGRAM (limited tenure)[2]			
A. Visiting Fellow (normally 3 years)	1-5 years postdoctoral experience or training.	Entrance stipend $16,000-$17,000 No dependency allowance provided.	Contact Director or Laboratory Chief in area of interest.
B. Visiting Associates (1 year with renewals to end of project)	5+ years postdoctoral experience or training with appropriate knowledge needed by NCI.	$19,477-$36,724	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	10+ years postdoctoral experience & thorough graduate/unusual experience and knowledge needed.	$38,345-$57,500	Contact Director or Laboratory Chief in area of interest.

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V. STAFF FELLOWSHIPS

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Staff Fellowship	Physician or other doctoral degree equivalent awarded within last 5 years, U. S. citizen or non-citizen eligible for naturalization within 4 years. Maximum five-year appointment.	Staff Fellows Physicians $20,688-$32,998 Other Doctorates $17,000-$32,955 Senior Staff Fellows Physicians $23,439-$44,786 Other Doctorates $20,688-$36,946	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

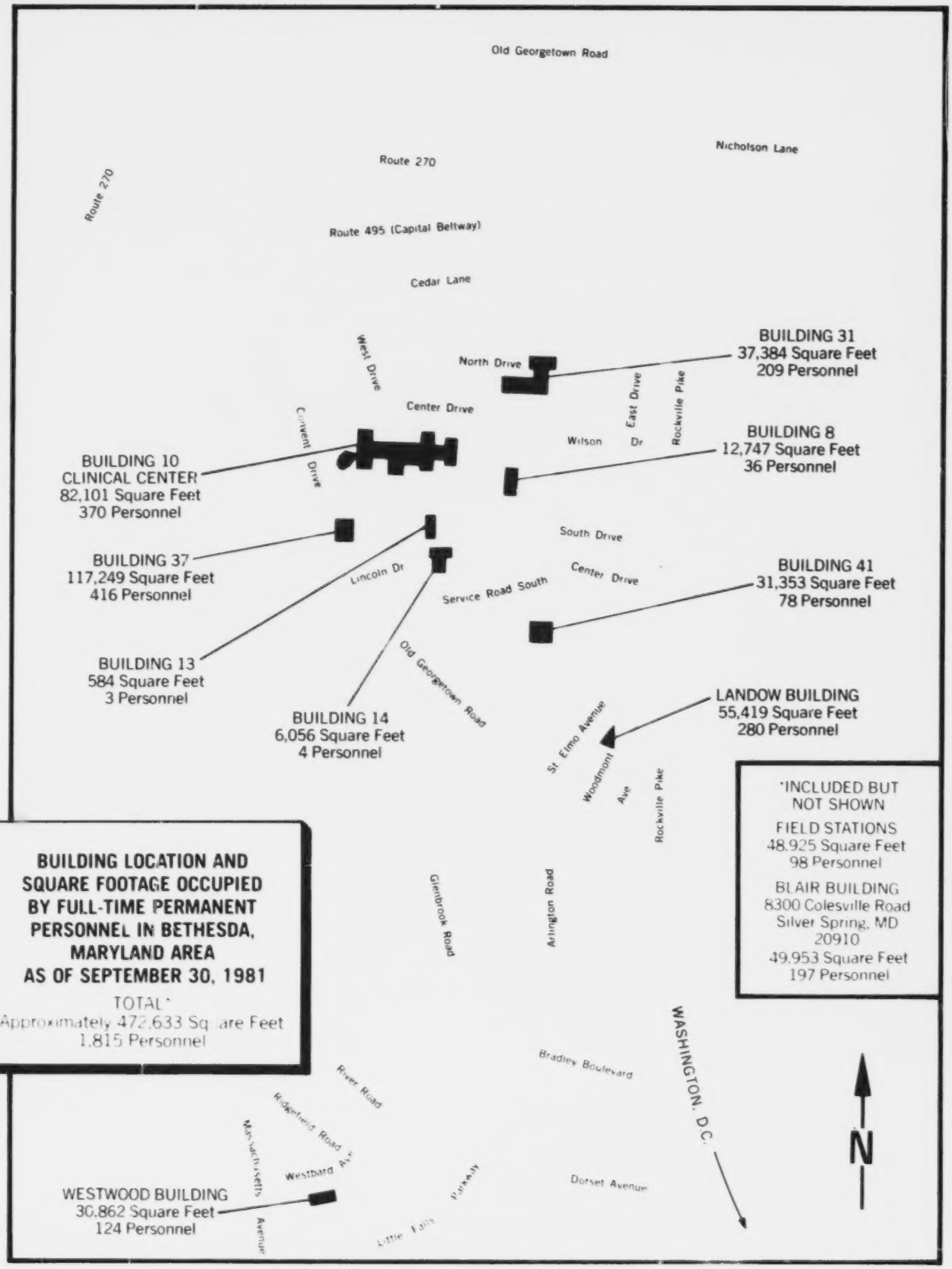
VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

A. Summer Clerical Program	Must be 18 years of age or older (16 if high school graduate).	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH on or before March 15.
B. Summer Undergraduate Program	Students majoring in biological and/or physical sciences or related field, or applicants with appropriate experience.	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH by March 15. No written test is required.
C. Summer Graduate Program	College graduate, graduate student, planning to attend graduate school, faculty member, or equivalent experience and/or education.	GS-5 through GS-12 For some occupations superior scholastic work may qualify for a higher grade level.	Apply to NIH by March 15.
D. Summer Employment for Needy Youth	Educationally and economically disadvantaged youths in their formative years (must have reached 16th birthday).	Federal minimum wage.	Register with the local office of the State Employment service and apply to NIH.
E. Stay-in-School Program	Substantially full-time or full-time student at least 16 years of age who needs earnings from employment to continue in school.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NIH. No deadline required for applying. However, no new appointments are made between May 1 to August 30.
F. The Federal Junior Fellowship Program	Graduating high school senior in a public or private school in the Metro. Wash., D. C. area. Must be in upper 10% of graduating class, have applied for admission to an accredited college or university and need financial assistance to attend school.	GS-1 through GS-4	Nominations are submitted directly to the Office of Personnel Management by high school principals or counselors.

VII. SPECIAL PROGRAMS

A. Research Fellow sponsored by organization other than NIH, PHS.	Determined by sponsoring organization.	Established by sponsoring organization.	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round) Maximum 120 days per 12-month period.	U. S. Citizen. Must have completed one year of study in a medical, dental or veterinary school; or a minimum of two years of baccalaureate program in a health-related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Junior Asst. Grade.	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.
C. Fogarty International Scholars	International reputation, productivity, demonstrated ability in biomedical field.	$42,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

[1] Does not necessarily indicate that positions are currently available at the National Cancer Institute.
[2] Under most circumstances, the various visiting programs are limited to non-citizens.



BUILDING LOCATION AND SQUARE FOOTAGE OCCUPIED BY FULL-TIME PERMANENT PERSONNEL IN BETHESDA, MARYLAND AREA AS OF SEPTEMBER 30, 1981

TOTAL*
Approximately 472,633 Square Feet
1,815 Personnel

*INCLUDED BUT NOT SHOWN

FIELD STATIONS
48,925 Square Feet
98 Personnel

BLAIR BUILDING
8300 Colesville Road
Silver Spring, MD
20910
49,953 Square Feet
197 Personnel

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NCI BUDGET REVIEW PROCESS

FEBRUARY

DIRECTOR'S MEETING
- Program and Budget Policy

MAY

NATIONAL CANCER ADVISORY BOARD
- Review Preliminary Budget
- Recommend Levels for Budget Submitted Directly to President
- Review Plans from Director's Meeting

MAY/JUNE

BOARD OF SCIENTIFIC COUNSELORS
- Review Recompetitions for Contracts and Non-competitive Contracts (Second Half of FY 1)
- Review New Contracts

JULY

DIRECTOR'S MEETING
- Annual Institute Budget Review

SEPTEMBER

NATIONAL CANCER ADVISORY BOARD
- Review Budget Submitted Directly to President

SEPTEMBER/OCTOBER

BOARDS OF SCIENTIFIC COUNSELORS
- Annual Division Budget Review
- Review Non-competitive Contracts and Recompetitions for Contracts (First Half of FY 2)
- Concept Review of New Contracts

NOVEMBER

NATIONAL CANCER ADVISORY BOARD
- Divisions Present Program Activities for Previous Fiscal Year
- Review Results of Contract Concept Review

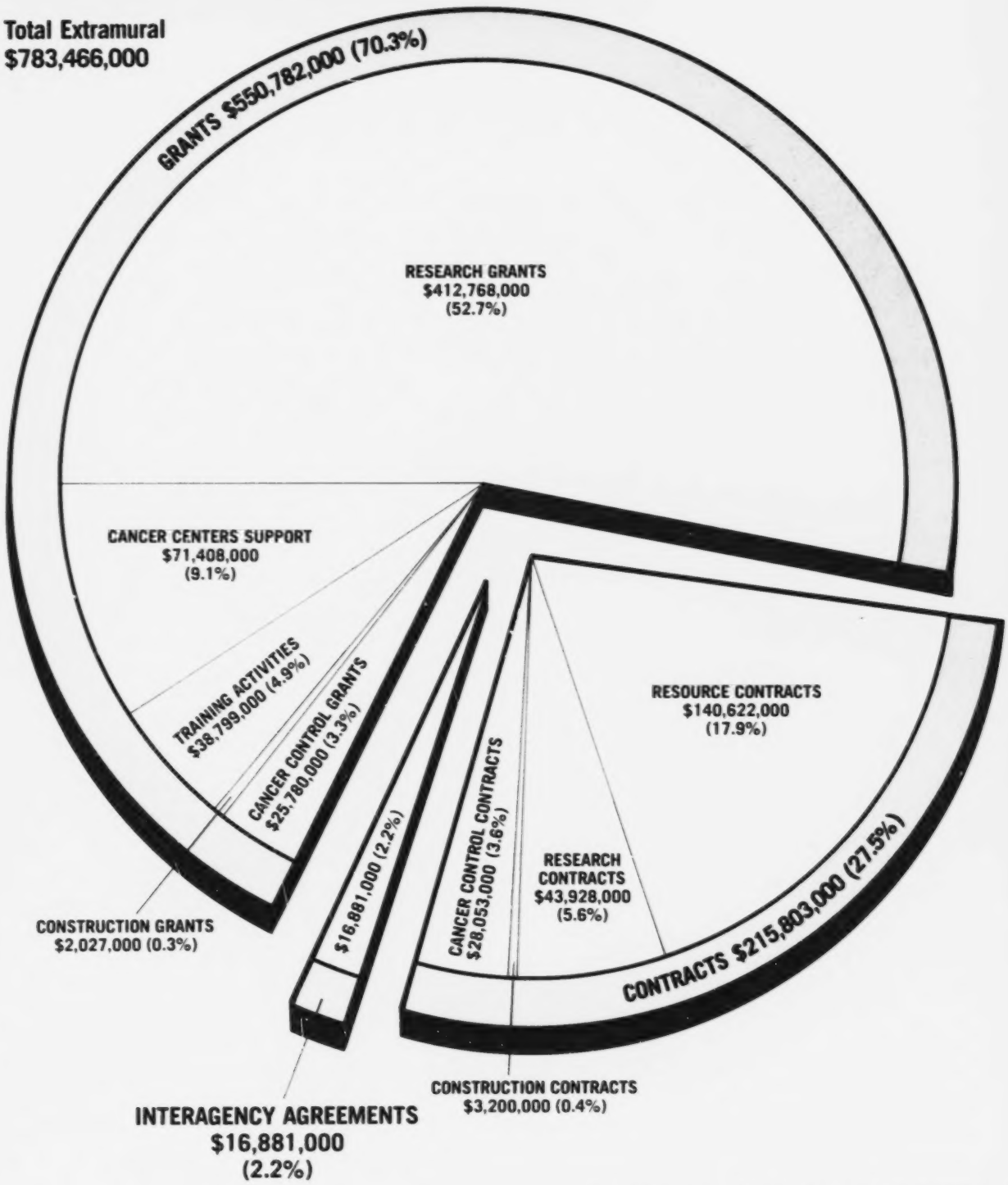
OFFICE OF DIRECTOR AND DIVISIONS PREPARE OPERATING BUDGETS

KEY: [ ] INSTITUTE FUNCTION DIVISION FUNCTION

FY 1 = FIRST FUTURE FISCAL YEAR FY 2 = SECOND FUTURE FISCAL YEAR

NOTE: Contracts include Cooperative Agreements and Interagency Agreements.

NCI EXTRAMURAL FUNDS — FISCAL YEAR 1981



Total Intramural (not shown) $205,872,000
Total NCI $989,338,000

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NATIONAL CANCER INSTITUTE BUDGET HISTORY BY MECHANISMS

(DOLLARS IN THOUSANDS)

	1972 ACTUAL		1973 ACTUAL		1974 ACTUAL		1975 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
Group I – Investigator Initiated								
Regular Research Grants	$ 59,207	18.9	$ 73,412	21.1	$ 99,415	21.5	$115,195	21.4
Clinical Cooperative Groups	10,102	3.2	12,791	3.7	16,196	3.5	19,213	3.6
Program Projects – PO1's	38,415	12.2	52,008	14.9	71,997	15.6	84,536	15.7
Clinical Education Program	–	–	–	–	–	–	5,033	.9
Research Career Program	2,026	.7	1,818	.5	1,673	.4	2,806	.5
Fellowships and Training	18,395	5.9	13,888	4.0	23,562	5.1	23,104	4.3
Organ Site	638	.2	3,950	1.1	10,007	2.2	11,167	2.1
Cancer Centers – Core Support	10,090	3.2	13,002	3.7	17,575	3.8	30,096	5.6
Cooperative Agreements	–	–	–	–	–	–	–	–
Minority Biomedical Support	–	–	–	–	–	–	–	–
Subtotal	138,873	44.3	170,869	49.0	240,525	52.1	291,150	54.1
Group II – Co-Initiated								
CREG/RFA	–	–	–	–	–	–	–	–
Research Contracts	46,802	14.9	61,187	17.6	94,964	20.5	105,076	19.5
Subtotal	46,802	14.9	61,187	17.6	94,964	20.5	105,076	19.5
Group III – NCI/NCP Initiated								
Resource Contracts	63,194	20.2	64,838	18.6	72,365	15.7	82,916	15.4
Interagency Agreements	12,053	3.8	10,136	2.9	13,031	2.8	11,593	2.2
Subtotal	75,247	24.0	74,974	21.5	85,396	18.5	94,509	17.6
Group IV – Other Resources								
Planning Grants	1,698	.5	2,500	.7	2,880	.6	2,568	.4
Construction Grants	47,004	15.0	34,737	10.0	31,692	6.9	30,000	5.6
Construction Contracts	3,999	1.3	4,067	1.2	6,398	1.4	14,976	2.8
Subtotal	52,701	16.8	41,304	11.9	40,970	8.9	47,544	8.8
Total	313,623	100.0	348,334	100.0	461,755	100.0	538,279	100.0
Percent of Total NCI Budget		84.2		81.9		79.5		77.0
In-House Research	25,696	6.9	33,032	7.8	40,364	6.9	50,532	7.2
Management & Support	33,246	8.9	39,072	9.2	46,169	7.9	61,935	8.9
(NIH Management Fund)	(12,910)	(3.5)	(15,194)	(3.6)	(16,754)	(2.9)	(20,248)	(2.9)
Cancer Control (Grants & Contracts)	–	–	4,969	1.1	32,826	5.7	48,574	6.9
Subtotal	58,942	15.8	77,073	18.1	119,359	20.5	161,041	23.0
Total NCI	**$372,565**	**100.0**	**$425,407**	**100.0**	**$581,114**	**100.0**	**$699,320**	**100.0**

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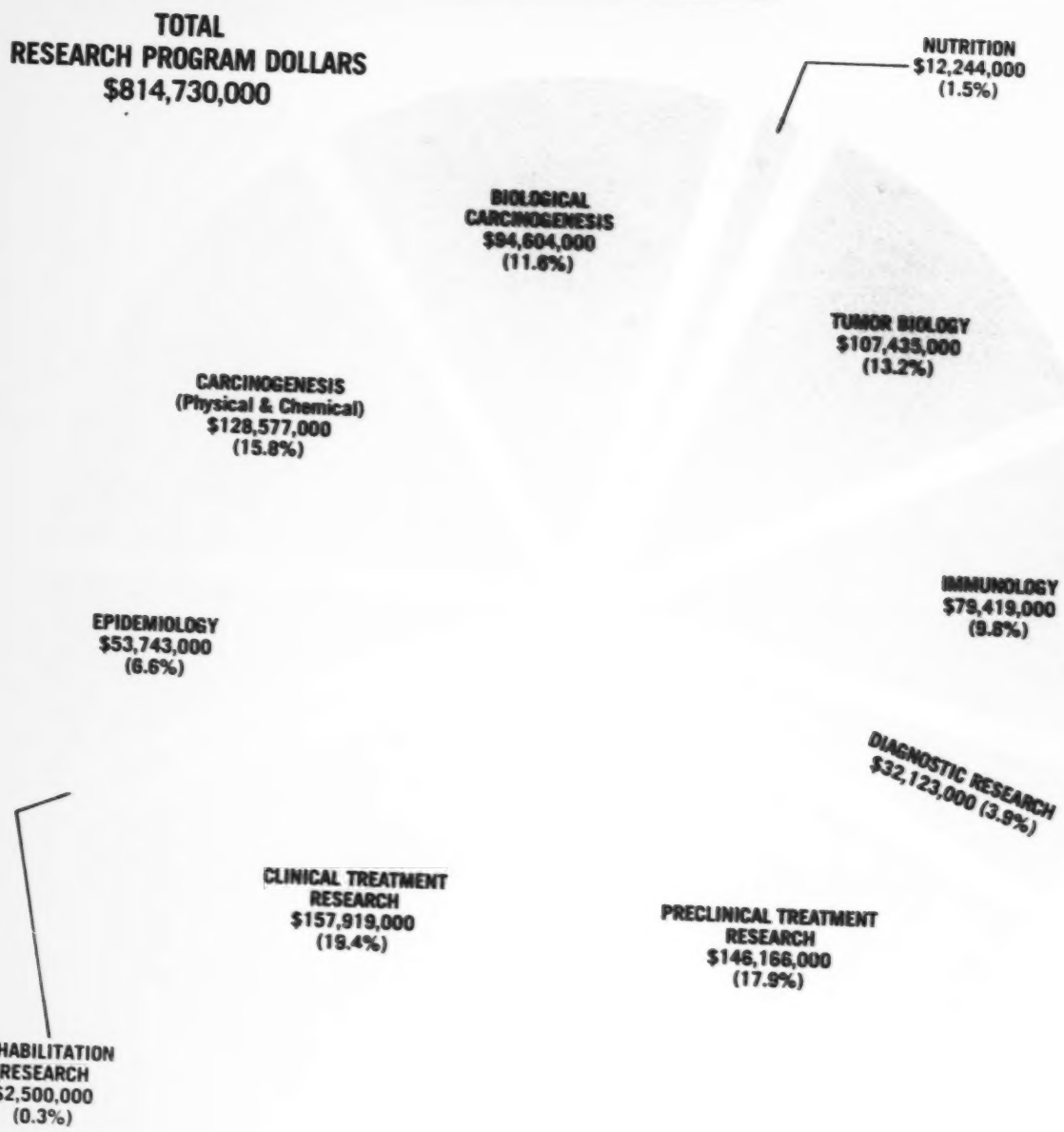
1976 ACTUAL		1977 ACTUAL		1978 ACTUAL		1979 ACTUAL		1980 ACTUAL		1981 ACTUAL	
DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
$130,633	22.7	$140,159	23.0	$158,716	24.7	$188,488	27.3	$213,610	29.0	$237,662	32.6
23,263	4.0	27,121	4.5	29,774	4.6	32,021	4.6	36,884	5.0	35,094	4.8
80,029	13.9	83,453	13.7	88,058	13.7	93,953	13.6	104,094	14.1	115,311	15.8
7,698	1.3	8,996	1.5	9,952	1.5	11,404	1.7	10,906	1.5	7,999	1.1
3,243	.6	3,507	.6	4,339	.7	4,771	0.7	5,357	0.7	5,480	0.8
18,160	3.1	19,791	3.3	20,129	3.1	20,139	2.9	27,260	3.7	25,606	3.5
14,090	2.5	14,711	2.4	16,194	2.5	17,032	2.5	17,554	2.4	15,962	2.2
47,803	8.3	55,132	9.1	60,348	9.4	64,364	9.3	67,421	9.1	71,408	9.8
–	–	–	–	–	–	–	–	800	0.1	300	–
–	–	–	–	–	–	–	–	1,980	0.3	1,727	0.2
324,919	56.4	352,870	58.1	387,570	60.2	432,172	62.6	485,866	65.9	516,549	70.8
2,577	.5	7,266	1.2	9,412	1.5	7,894	1.1	6,971	0.9	6,712	0.9
111,524	19.3	110,740	18.6	120,359	18.6	81,119	11.8	57,446	7.8	43,928	6.0
114,101	19.8	118,006	19.4	129,771	20.1	89,013	12.9	64,417	8.7	50,640	6.9
96,509	16.7	94,229	15.5	87,806	13.6	130,161	18.9	151,305	20.5	140,622	19.3
13,262	2.3	19,414	3.2	21,621	3.4	20,734	3.0	20,615	2.8	16,881	2.3
109,771	19.0	113,643	18.7	109,427	17.0	150,895	21.9	171,920	23.3	157,503	21.6
2,803	.5	1,199	.2	632	.1	271	.1	221		–	–
20,000	3.5	16,000	2.6	12,000	1.9	12,452	1.8	10,814	1.5	2,027	.3
4,721	.8	5,992	1.0	4,544	.7	4,878	.7	4,618	.6	3,200	.4
27,524	4.8	39,191	3.8	17,176	2.7	17,601	2.6	15,653	2.1	5,227	.7
576,315	100.0	607,710	100.0	643,944	100.0	689,681	100.0	737,856	100.0	729,919	100.0
	75.7		74.6		73.8		73.6		73.9		73.8
61,243	8.0	67,855	8.3	79,217	9.1	88,944	9.5	98,665	9.9	109,377	11.0
69,876	9.2	80,184	9.8	86,594	9.9	91,167	9.7	97,863	9.8	96,495	9.8
(23,037)	(3.0)	(26,817)	(3.3)	(30,150)	(3.5)	(35,622)	(3.8)	(39,549)	(4.0)	(42,471)	(4.3)
54,016	7.1	59,208	7.3	62,614	7.2	66,904	7.2	63,663	6.4	53,547	5.4
185,135	24.3	207,247	25.4	228,425	26.2	247,015	26.4	260,191	26.1	259,419	26.2
$761,450	100.0	$814,957	100.0	$872,369	100.0	$936,696	100.0	$998,047	100.0	$989,338	100.0

NCI RESEARCH PROGRAMS — FISCAL YEAR 1981



		PERCENT OF TOTAL
Research Programs	$814,730,000	82.4
Resource Development		
Cancer Centers Support	72,965,000	7.4
Research Manpower Development	40,108,000	4.0
Construction	6,103,000	0.6
Cancer Control	55,432,000	5.6
Total NCI	$989,338,000	100.0

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TOTAL NCI DOLLARS BY MECHANISMS – FISCAL YEAR 1981

(DOLLARS IN THOUSANDS)

	AMOUNT	MECHANISM	PERCENT OF TOTAL	
RESEARCH PROJECT GRANTS				
$355,455	$229,103	Traditional (R01)	23.1	35.9%
	4,329	Young Investigators	0.4	
	6,712	Cancer Research Emphasis Grants RFA's	0.7	
	115,311	Program Projects	11.7	
RESEARCH CENTERS GRANTS				
$71,408	579	Other Centers	.06	7.2%
	70,829	Center Core Grants	7.16	
OTHER RESEARCH GRANTS				
$70,506	3,013	Scientific Evaluation	0.3	7.1%
	1,217	Conference Grants	0.1	
	4,817	Research Career Programs	0.5	
	7,999	Clinical Education Programs	0.8	
	35,094	Clinical Cooperative Groups	3.5	
	15,962	National Organ Site Program	1.6	
	377	Veterinary Pathology Awards	.04	
	300	Cooperative Agreements	.03	
	1,727	Minority Biomedical Support	0.2	
TRAINING PROGRAM				
$25,606	4,046	National Research Service Awards – Individual	0.41	2.6%
	21,560	National Research Service Awards – Institutional	2.2	
RESEARCH AND RESOURCE CONTRACTS				
$201,431	201,431	Research and Resource Contracts	20.4	20.4%
CANCER CONTROL				
$56,165	56,165	Cancer Control	5.7	5.7%
CONSTRUCTION				
$5,227	5,227	Construction	0.5	0.5%
IN-HOUSE				
$203,540	155,484	Intramural Research	15.7	20.6%
	37,281	Direct Operations	3.8	
	10,776	Program Management	1.1	
	$989,338	TOTAL NCI	100.0	

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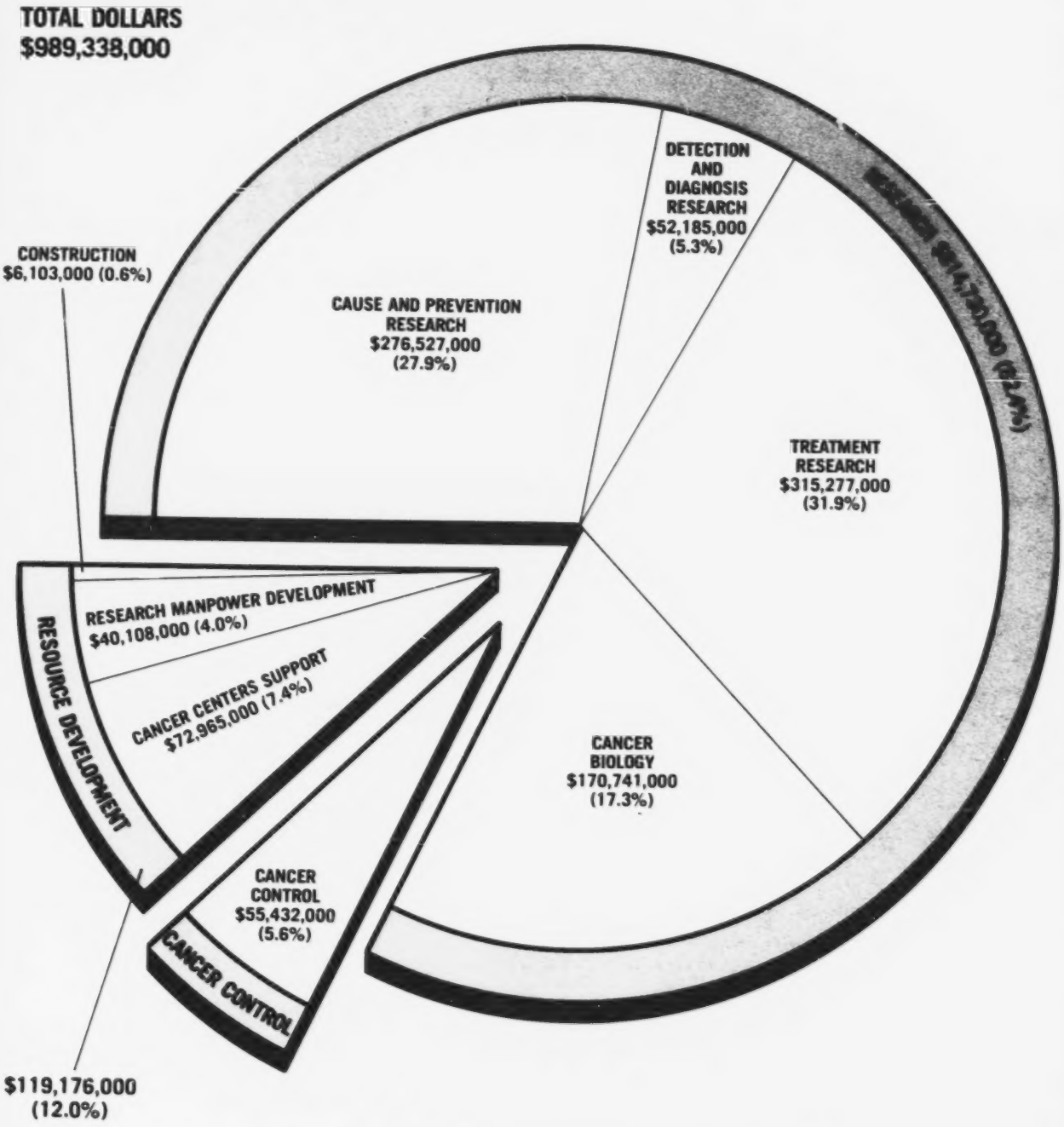
NCI PROGRAM STRUCTURE — FISCAL YEAR 1981



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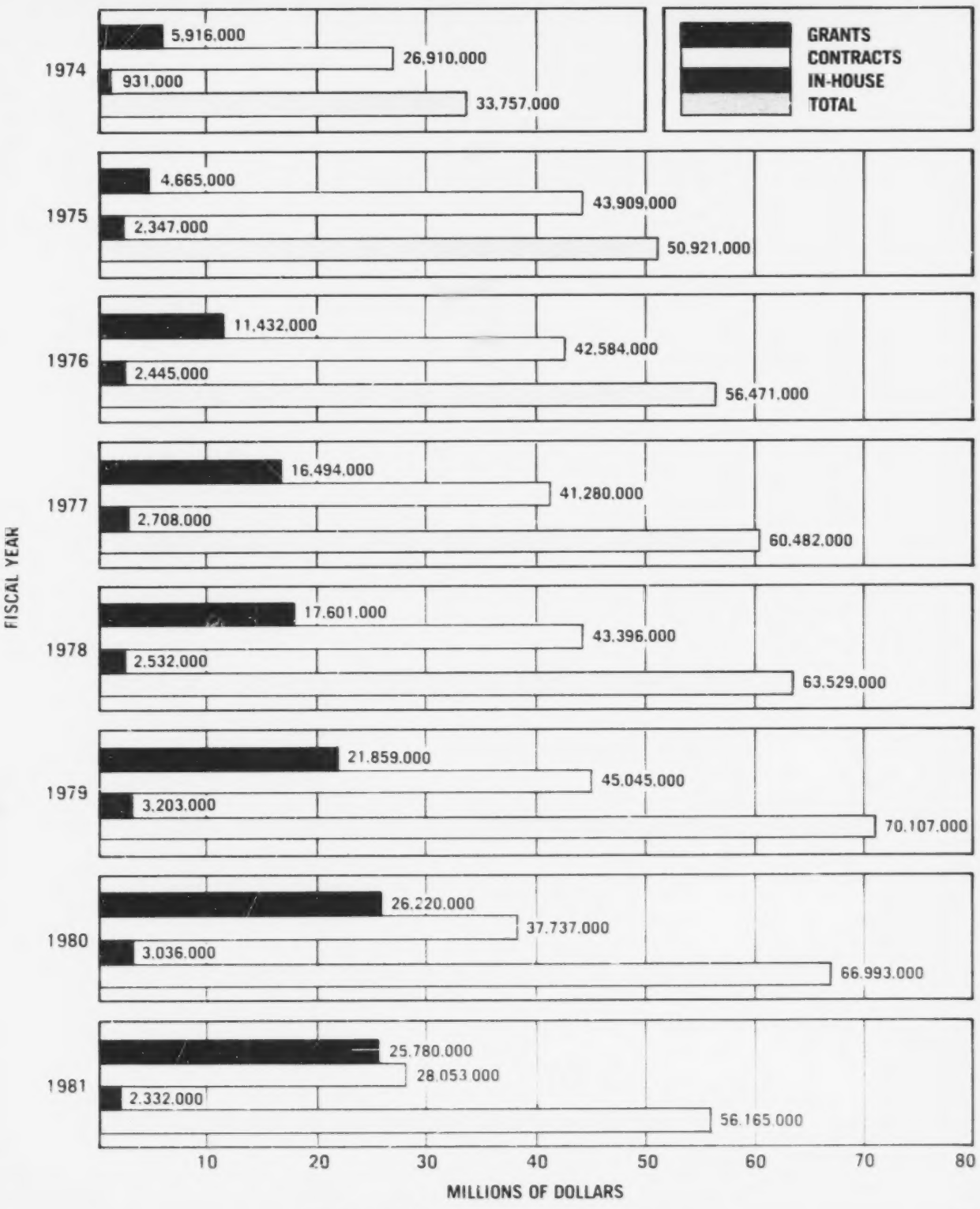
CANCER CONTROL OBLIGATIONS BY MECHANISM — FISCAL YEARS 1974-1981



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REIMBURSEMENT TO NIH MANAGEMENT FUND—FISCAL YEAR 1981

TOTAL NIH SERVICES
$167,092,000

CLINICAL CENTER

Employee Health Services
Service Functions
Social Work
Professional Services
- Consultative Services
- Admissions and Follow-up
- Anesthesiology
- Diagnostic X-Ray
- Clinical Pathology
- Blood Bank
- Rehabilitation Service
- Pharmacy Service
- Medical Records
- TV Engineering

Nursing Service
Patient Nutrition Service
Environmental Sanitation Control
Laundry
Radiation Safety

STANDARD LEVEL USER CHARGES (SLUC)

Building usage including utilities
Major renovations
Guard services for rental buildings

$17,841,000

$1,606,000

DISTRIBUTION OF NCI SERVICES
$42,471,000

$2,285,000

$2,648,000

$18,091,000

DIVISION OF COMPUTER RESEARCH AND TECHNOLOGY

Research & Development Program in Which Concepts & Methods of Computer Science Are Applied to Biomedical Problems (In addition, services are rendered to the NIH Communities on a fee-for-service basis.)

DIVISION OF RESEARCH GRANTS

Initial Scientific Review of Applications
Assignment of Research Grant Applications Among Institutes

OTHER RESEARCH SERVICES

Division of Administrative Services
Division of Engineering Services
Division of Safety
Division of Research Services

The Management Fund provides for the financing of certain common research supporting services and administrative activities which are required in the operating of NIH.

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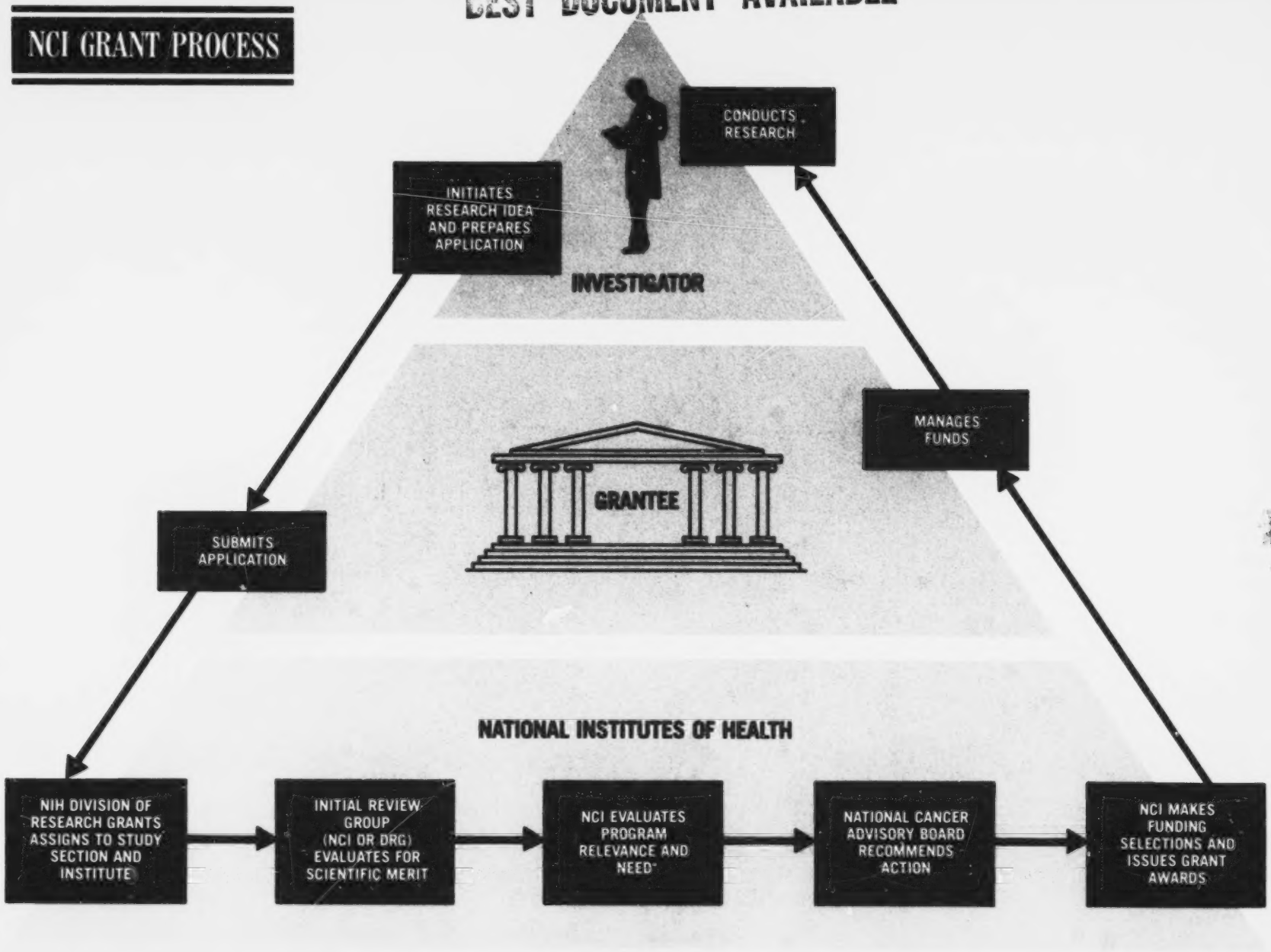
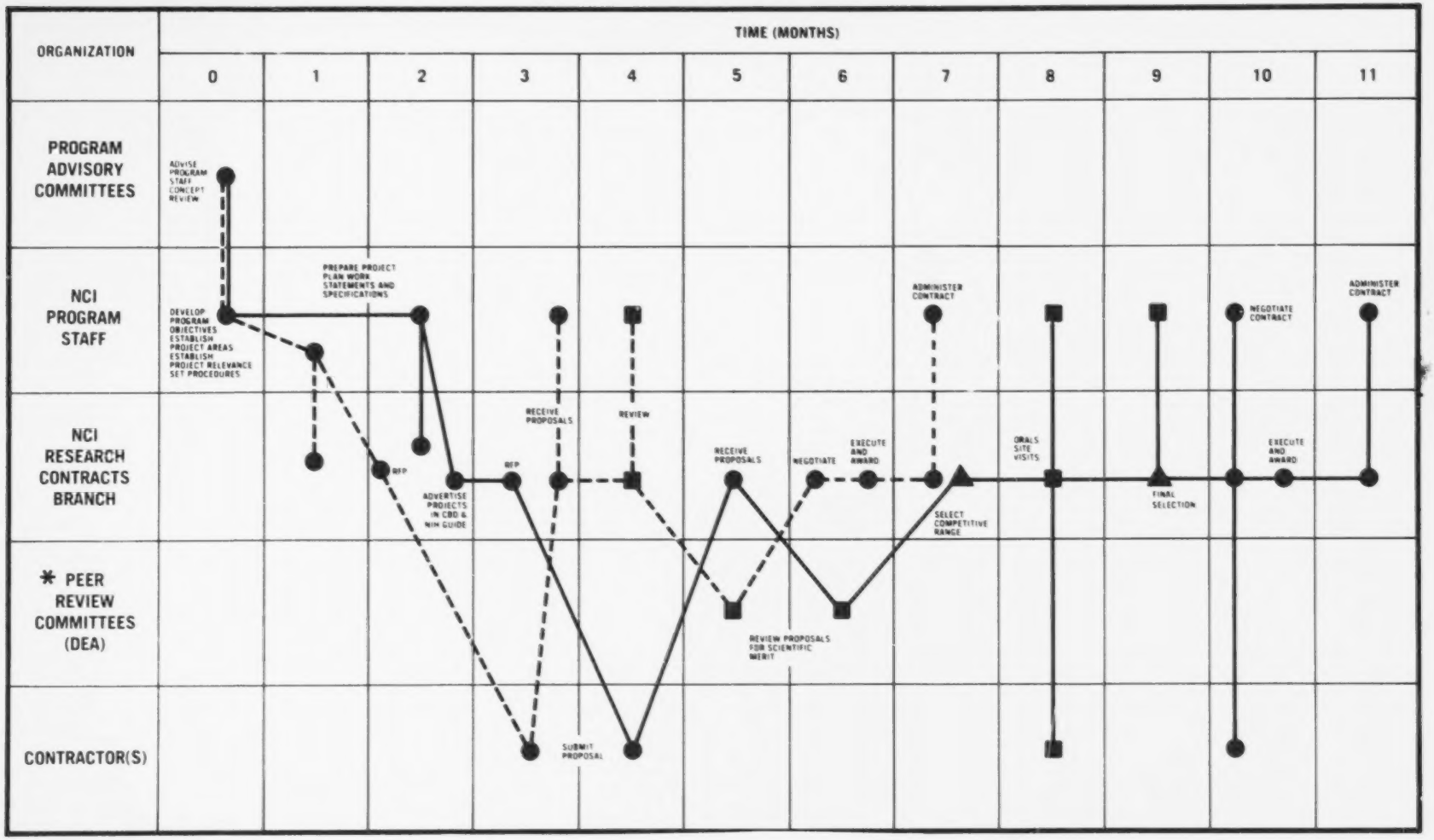
NCI GRANT PROCESS


CONDUCTS RESEARCH
INITIATES RESEARCH IDEA AND PREPARES APPLICATION
INVESTIGATOR
MANAGES FUNDS
GRANTEE
SUBMITS APPLICATION
NATIONAL INSTITUTES OF HEALTH
NIH DIVISION OF RESEARCH GRANTS ASSIGNS TO STUDY SECTION AND INSTITUTE
INITIAL REVIEW GROUP (NCI OR DRG) EVALUATES FOR SCIENTIFIC MERIT
NCI EVALUATES PROGRAM RELEVANCE AND NEED
NATIONAL CANCER ADVISORY BOARD RECOMMENDS ACTION
NCI MAKES FUNDING SELECTIONS AND ISSUES GRANT AWARDS

NCI CONTRACT AWARD PROCESS — UNDER CANCER ACT OF 1971



NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS.

LEGEND:

- OPERATION
- REVIEW
- DECISION
- NORMAL FLOW
- NON-COMPETITIVE CONTRACTS
- * AD HOC COMMITTEES MAY BE USED — INCLUDES OUTSIDE SCIENTISTS.

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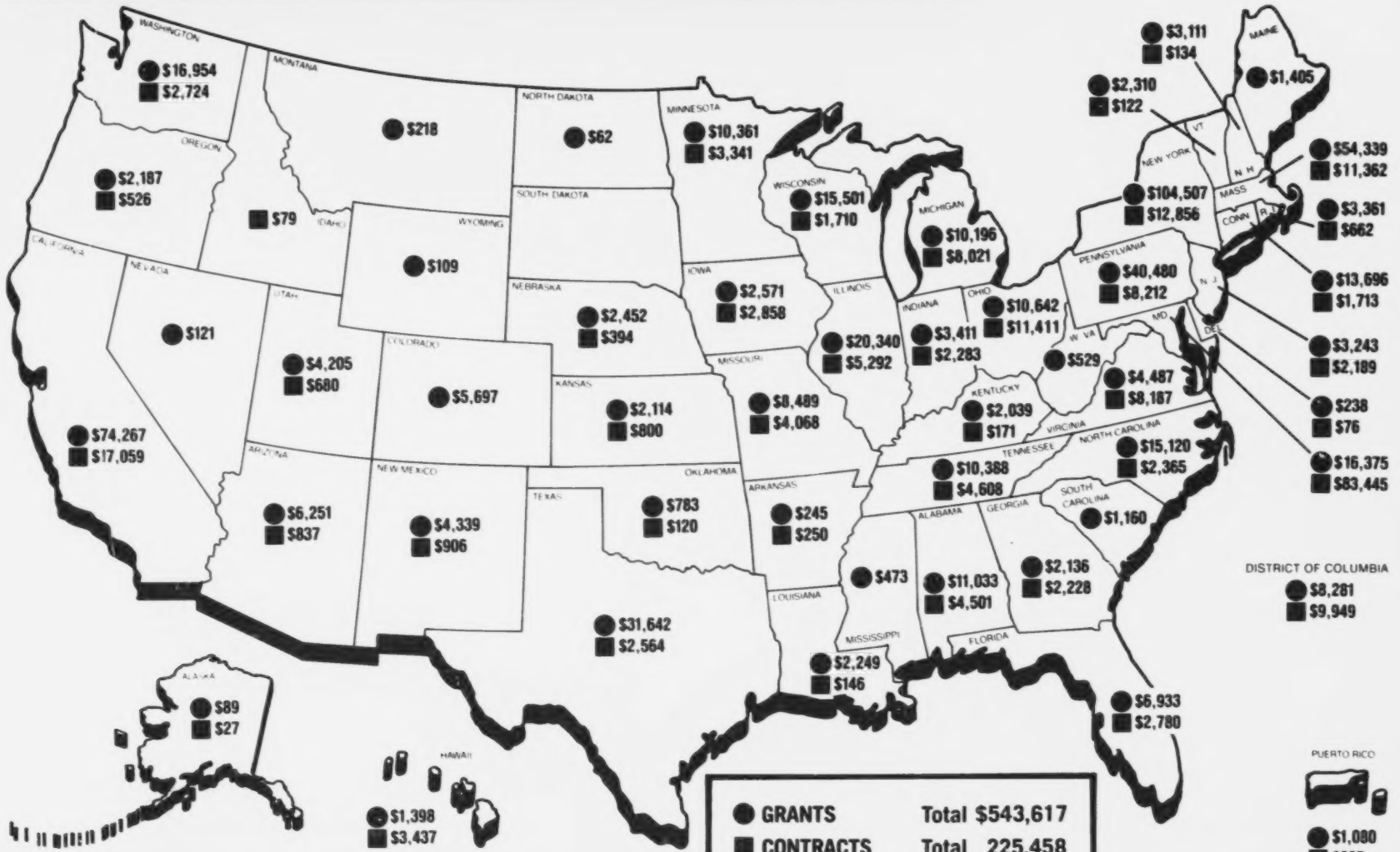
STATE DISTRIBUTION OF GRANTS AND CONTRACTS — FISCAL YEAR 1981

(DOLLARS IN THOUSANDS)



GRANTS	Total $543,617
CONTRACTS	Total 225,458
Total Obligations	$769,075

NOTE: Contract figures exclude Foreign Contracts: $7,226; Grant figures exclude Foreign Grants: $4,099, Scientific Evaluation (DRG): $965, and Scientific Evaluation (NCI): $2,048.

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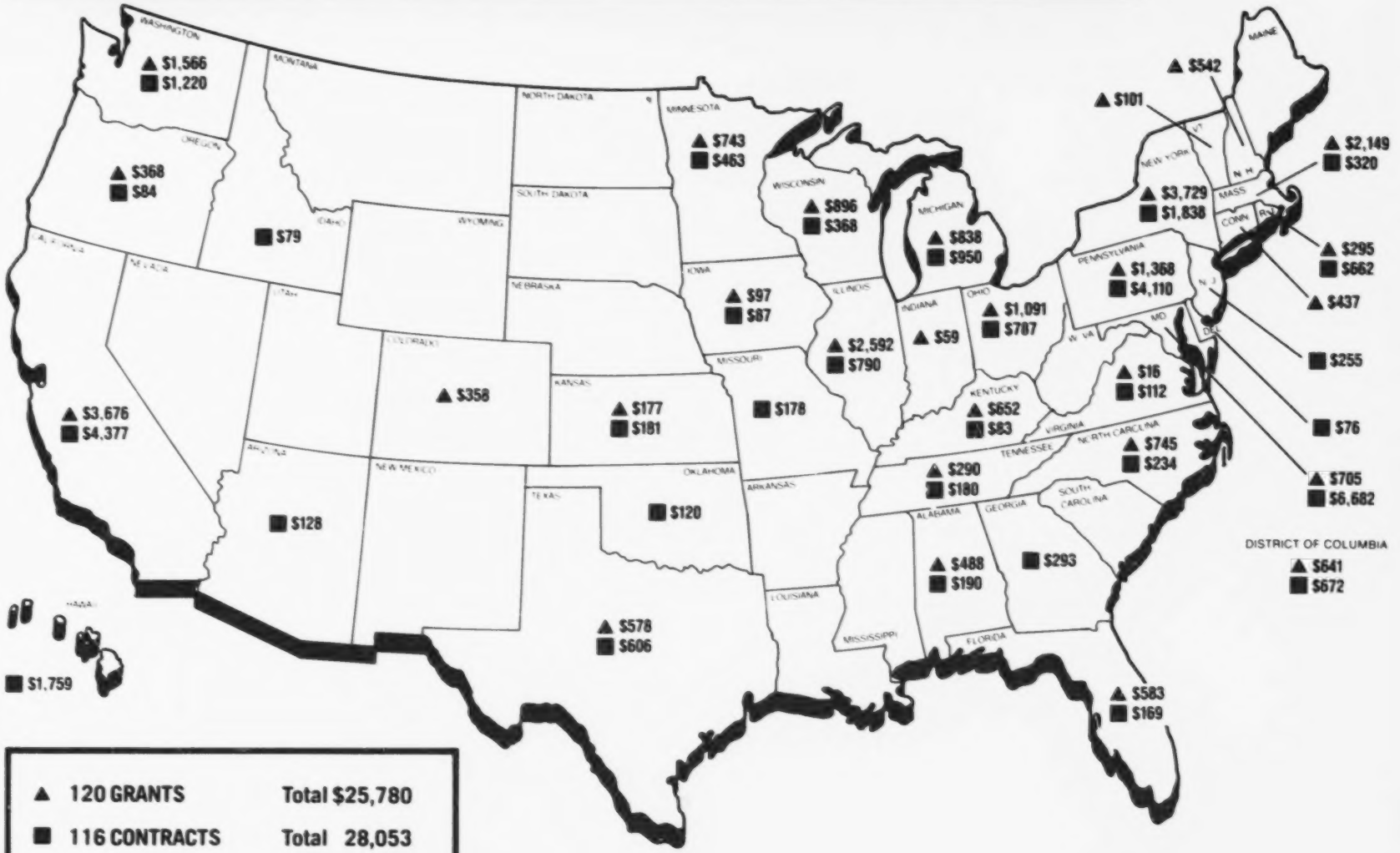
DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1981

(DOLLARS IN THOUSANDS)



▲ 120 GRANTS	Total	$25,780
■ 116 CONTRACTS	Total	28,053
Total Obligations		$53,833

INSTITUTIONS RECEIVING MORE THAN $2,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1981

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
	$ 7,863	$ [illegible]	$ –	$ [illegible]	Alabama
	2,448	[illegible]	–	[illegible]	Pennsylvania
	3,893	[illegible]	–	[illegible]	New York
	5,938	[illegible]	33	[illegible]	Arizona
	127	[illegible]	–	[illegible]	Maryland
	–	[illegible]	–	[illegible]	Massachusetts
	–	[illegible]	–	[illegible]	Ohio
	5,141	[illegible]	–	[illegible]	Texas
	2,284	[illegible]	–	[illegible]	Massachusetts
	34,778	[illegible]	–	[illegible]	California
	2,691	[illegible]	–	[illegible]	Ohio
	–	[illegible]	–	[illegible]	Massachusetts
	7,842	[illegible]	–	[illegible]	Illinois
	2,543	[illegible]	–	[illegible]	California
	4,916	[illegible]	–	[illegible]	New York
	3,120	[illegible]	–	[illegible]	Colorado
	9,886	[illegible]	427	[illegible]	New York
	–	[illegible]	–	[illegible]	California
	3,161	[illegible]	–	[illegible]	New York
	2,982	[illegible]	–	[illegible]	New Hampshire
	8,633	[illegible]	–	[illegible]	North Carolina
	1,319	[illegible]	–	[illegible]	Georgia
	–	[illegible]	–	[illegible]	Tennessee
	–	[illegible]	–	[illegible]	Dist. of Col.
	3,044	[illegible]	–	[illegible]	Florida
	37	[illegible]	–	[illegible]	Maryland
	1,292	[illegible]	–	[illegible]	Pennsylvania
		[illegible]	–	[illegible]	Pennsylvania
	10,481	[illegible]	–	[illegible]	Washington
	2,060	[illegible]	–	[illegible]	Dist. of Col.
	2,186	[illegible]	–	[illegible]	Pennsylvania
	10,051	[illegible]	–	[illegible]	Massachusetts
	1,398	[illegible]	–	[illegible]	Hawaii
	–	[illegible]	–	[illegible]	Virginia
	[illegible]	[illegible]	–	[illegible]	Illinois
	2,807	[illegible]	–	[illegible]	Illinois
	8,083	[illegible]	–	[illegible]	Pennsylvania
	2,508	[illegible]	–	[illegible]	Iowa
					Michigan
	[illegible]	[illegible]		[illegible]	Maryland
	[illegible]				California
			500	[illegible]	Maryland
	[illegible]			[illegible]	Maryland
					Massachusetts
	[illegible]	[illegible]		[illegible]	Massachusetts
	[illegible]			[illegible]	Massachusetts
	4,745	[illegible]		[illegible]	Minnesota
					Virginia
	[illegible]			[illegible]	New York
	[illegible]			[illegible]	Florida
	[illegible]			[illegible]	Michigan

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Michigan, University of	$ 3,928	$ –	$ –	$ 3,928	Michigan
Microbiological Associates	–	3,645	–	3,645	Maryland
Midwest Research Institute	115	3,639	–	3,754	Missouri
Minnesota, University of	5,580	1,365	–	6,945	Minnesota
Mount Sinai School of Medicine	4,775	637	–	5,412	New York
Nebraska, University of	2,177	160	–	2,337	Nebraska
New Mexico, University of	3,973	898	–	4,871	New Mexico
New York State Department of Health	13,483	501	–	13,984	New York
New York University	7,425	140	–	7,565	New York
North Carolina, University of	4,679	238	–	4,917	North Carolina
Northern California Cancer Program, Inc.	2,557	14	–	2,571	California
Northwestern University	2,159	48	318	2,525	Illinois
Ohio State University	4,294	324	–	4,618	Ohio
ORI, Inc.	–	2,286	–	2,286	Maryland
Pennsylvania State University	3,537	–	–	3,537	Pennsylvania
Pennsylvania, University of	7,331	76	–	7,407	Pennsylvania
Pittsburgh, University of	2,058	2,773	–	4,831	Pennsylvania
Rochester, University of	7,848	360	317	8,525	New York
Rockefeller University	4,203	–	–	4,203	New York
Salk Institute for Biological Studies	3,800	127	–	3,927	California
Scripps Clinic and Research Foundation	4,440	71	–	4,511	California
Sidney Farber Cancer Institute	15,312	199	–	15,511	Massachusetts
Sloan-Kettering Institute for Cancer Research	21,673	509	–	22,182	New York
Southern California, University of	8,983	1,207	–	10,190	California
Southern Research Institute	2,348	3,702	–	6,050	Alabama
SRI International	1,243	3,376	–	4,619	California
St. Jude Children's Research Hospital	4,502	–	–	4,502	Tennessee
Stanford University	8,780	835	–	9,615	California
State University of New York	4,342	55	–	4,397	New York
Temple University	3,972	218	–	4,190	Pennsylvania
Tennessee, University of	1,963	215	–	2,178	Tennessee
Texas, University of	23,918	1,649	–	25,567	Texas
Thomas Jefferson University	2,441	252	–	2,693	Pennsylvania
Tracor Jitco, Inc.	–	17,650	–	17,650	Maryland
Tufts University	2,306	–	–	2,306	Massachusetts
University City Science Center	–	2,689	–	2,689	Pennsylvania
Utah, University of	4,025	679	–	4,704	Utah
Vanderbilt University	2,284	224	–	2,508	Tennessee
Vermont, University of	2,002	122	–	2,124	Vermont
Virginia Commonwealth University	2,336	–	–	2,336	Virginia
Washington University	5,125	–	–	5,125	Missouri
Washington, University of	3,914	707	558	5,179	Washington
Wellcome Foundation, Ltd.	–	2,112	–	2,112	England
Westat, Inc.	–	4,342	–	4,342	Maryland
Wisconsin, University of	14,133	385	–	14,518	Wisconsin
Wistar Institute of Anatomy and Biology	5,897	–	–	5,897	Pennsylvania
Worcester Foundation for Experimental Biology	2,015	–	–	2,015	Massachusetts
Yale University	12,465	937	–	13,402	Connecticut
Yeshiva University	7,793	172	–	7,965	New York

TOTALS	**$451,972**	**$173,578**	**$2,175**	**$627,725**
PERCENT OF TOTAL AWARDED ABOVE	**72.0**	**27.7**	**0.3**	**100.0**
TOTAL NCI FISCAL YEAR 1981 OBLIGATIONS	**$989,338**			
PERCENT OF NCI TOTAL OBLIGATIONS	**45.7**	**17.5**	**0.2**	**63.4**

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DISTRIBUTION OF NCI CONTRACTS—FISCAL YEAR 1981

PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
9.5	66	Division of Cancer Biology and Diagnosis	$ 12,316	5.4
32.7	228	Division of Cancer Treatment	68,844	30.0
39.1	273	Division of Cancer Cause and Prevention	112,335	48.9
17.0	119	Division of Resources, Centers, and Community Activities	28,862	12.6
1.7	12	Office of the Director	7,127	3.1
Includes Interagency Agreements.	698	TOTALS	$229,484	

INSTITUTIONAL DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
26.4	184	Profit-Making	$106,285	46.3
31.2	218	Academic	35,882	15.6
25.6	179	Non-Profit	48,977	21.3
9.2	64	Federal Government	26,517	11.6
3.2	22	State and Local Government	5,281	2.3
4.4	31	Foreign	6,542	2.9
	698	TOTALS	$229,484	

NOTE: Excludes contracts that are not in direct support of research or control, such as Cancer Communications, Program Planning, and Construction contracts.

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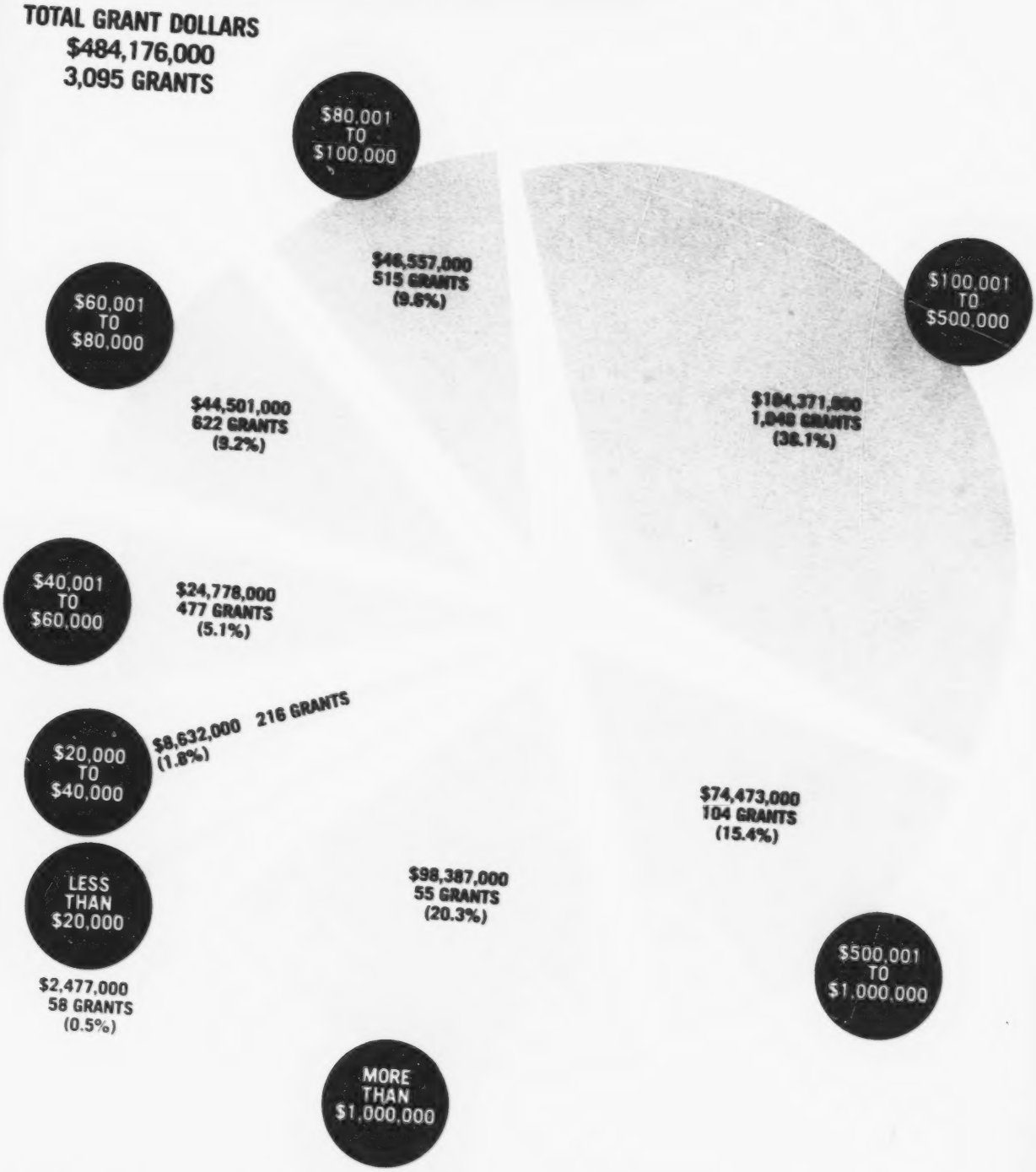
DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD — FISCAL YEAR 1981



Excludes Training and Fellowship Awards, Cancer Control Grants, Construction Grants, Clinical Education, and Career Awards. Includes Clinical Trials and CREG Awards.

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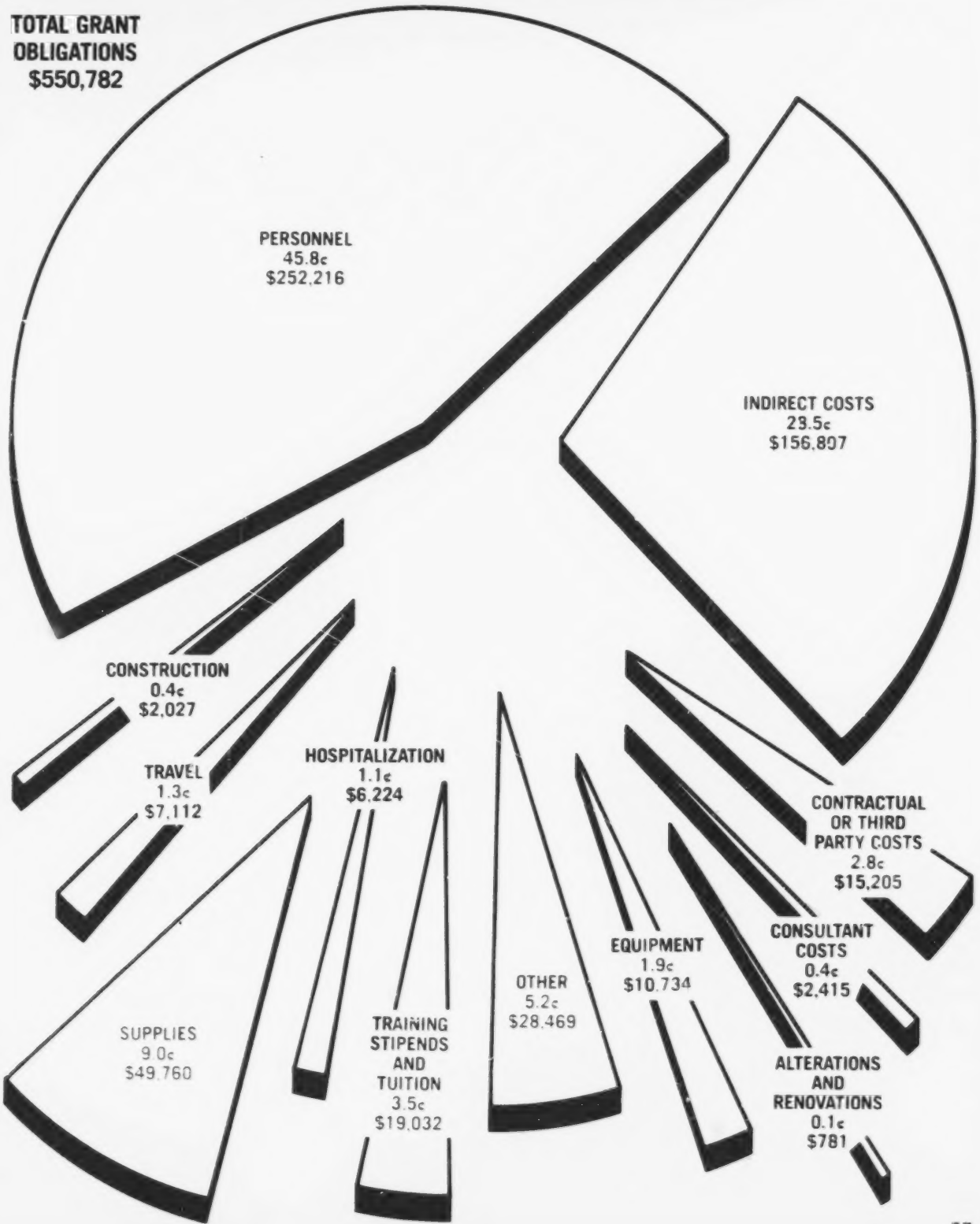
DISTRIBUTION OF THE GRANT DOLLAR — FISCAL YEAR 1981

(DOLLARS IN THOUSANDS)



FOREIGN RESEARCH GRANTS AND CONTRACTS – FISCAL YEAR 1981

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	5	$ 278,836	1	$ 33,900	$ 312,736	2.8
Belgium	1	218,381	2	279,746	498,127	4.4
Canada	17	704,578	3	444,800	1,149,378	10.1
China	–	–	1	180,000	180,000	1.6
Denmark	1	12,700	–	–	12,700	0.1
England	5	435,743	6	3,074,411	3,510,154	31.0
Finland	4	140,608	–	–	140,608	1.2
France	1	25,000	7	1,839,338	1,864,338	16.5
Germany	1	25,000	–	–	25,000	0.2
Ghana	–	–	1	41,000	41,000	0.4
Israel	11	776,124	2	267,391	1,043,515	9.2
Italy	4	156,994	3	426,100	583,094	5.1
Japan	–	–	3	392,000	392,000	3.5
Korea	1	11,848	–	–	11,848	0.1
Netherlands	–	–	1	15,000	15,000	0.1
Norway	–	–	1	20,000	20,000	0.2
Scotland	–	–	1	139,244	139,244	1.2
South Africa	1	41,250	–	–	41,250	0.4
Sweden	9	753,680	1	73,330	827,010	7.3
Switzerland	4	518,172	–	–	518,172	4.6
TOTAL	**65**	**$4,098,914**	**33**	**$7,226,260**	**$11,325,174**	**100.0**

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APPROPRIATIONS OF THE NCI 1938-1982

1938	$ 400,000	
1939	400,000	
1940 THROUGH 1946	$3,879,570	0.19% $21,000,470
1947	1,820,900	
1948	14,500,000	
1949	22,000,000	
1950 THROUGH 1956	$149,481,750	2.52% $276,315,750
1957	48,432,000	
1958	56,402,000	
1959	75,268,000	
1960 THROUGH 1966	$958,954,000	12.75% $1,393,234,000
1967	175,656,000	
1968	183,356,000	
1969	185,149,500	
1970	190,486,063	5.54% $606,018,563
1971	230,383,000	
1972	$ 378,794,000	
1973	492,205,000	
1974	551,191,500	
1975	691,666,000	
1976	761,727,000[1]	
"TQ"	152,901,000[2]	
1977	815,000,000	
1978	872,388,000	
1979	937,129,000[3]	
1980	1,000,000,000[4]	
1981	989,355,000[5]	
1982	986,617,000[6]	78.97% $8,628,973,500

TOTAL (1938 through 1982) $10,925,542,283

TRANSITION QUARTER ("TQ") - July 1, 1976 through September 30, 1976. The Interim Period in the changing of the Federal Fiscal Year from July 1 through June 30, to October 1 through September 30.

[1] Includes $18,163,000 for training funds provided by Continuing Resolution.

[2] Includes $3,201,000 for training funds provided by Continuing Resolution.

[3] Included $20,129,000 for training funds provided by Continuing Resolution.

[4] 1980 appropriation authorized under a Continuing Resolution. Reflects 1981 rescission of $11,975,000.

[5] Amount included in Continuing Resolution through March 31, 1982.

COMPARISON OF DOLLARS, POSITIONS AND SPACE

FISCAL YEAR	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS ($000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ACTUAL FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year	–	1426	Base Year	–	321,230	Base Year	–
1972	378,536	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,620	200.5	20.3	1849	29.7	2.4	382,485	19.1	0.2
1976	760,751	226.7	8.8	1955	37.1	5.7	387,324	20.6	1.3
1977	814,467	250.0	7.1	1986	39.3	1.6	428,285	33.3	10.6
1978	872,864	274.8	7.2	1969	38.1	0.9	491,725	53.1	14.8
1979	936,638	302.3	7.4	1973	38.4	0.2	493,156	53.5	0.3
1980	998,327	328.8	6.6	1953	37.0	-0.7	467,750	45.6	-5.2
1981	1,063,000	356.7	6.4	1963	37.7	1.0	472,000	47.0	1.0

*Does not include field station assigned space.

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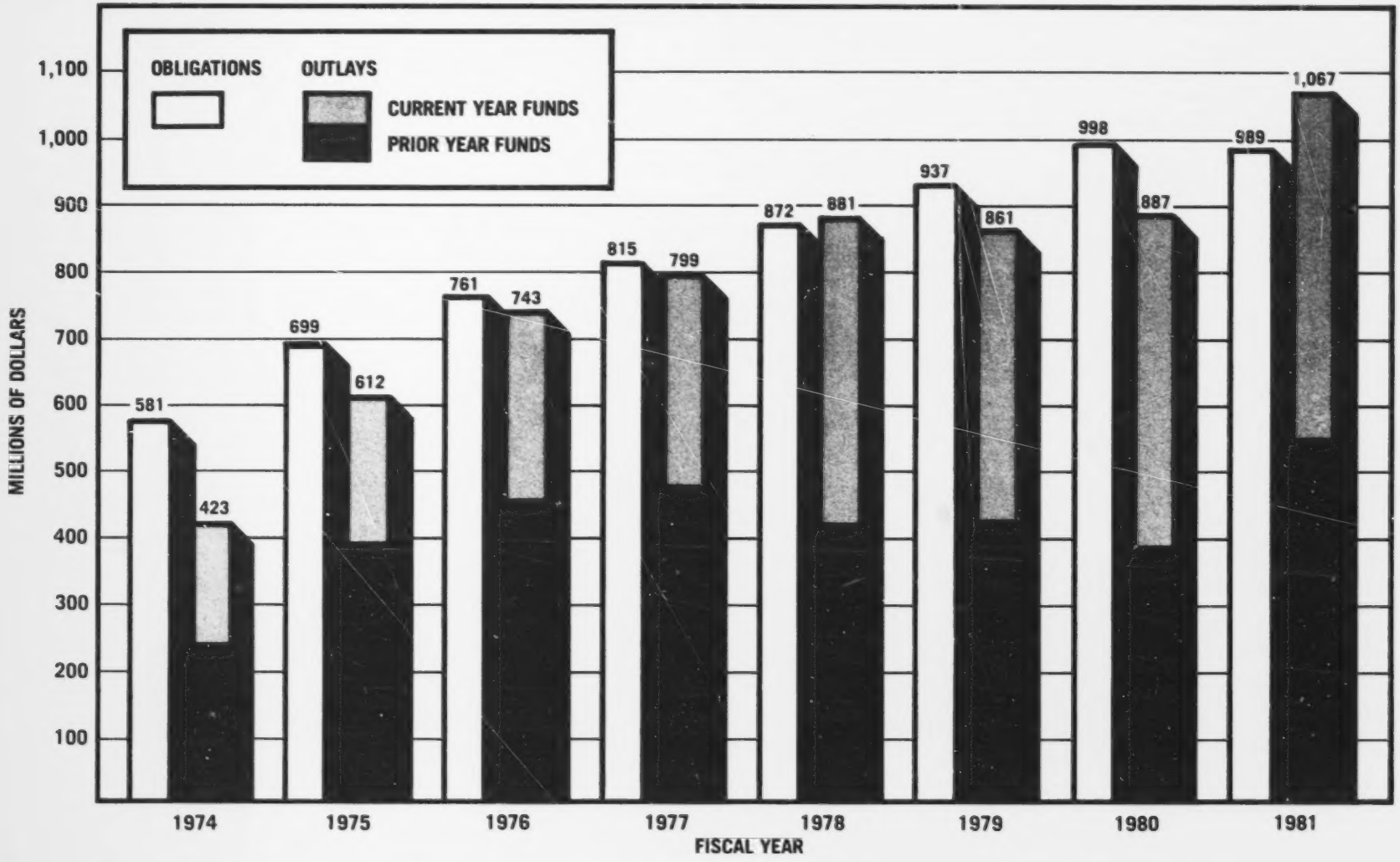
NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



OBLIGATIONS: Orders placed, grants and contracts awarded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure.

OUTLAYS: Payments (cash or checks) made from current or prior year appropriations.

NCI GRANT AWARDS — 1972-1981

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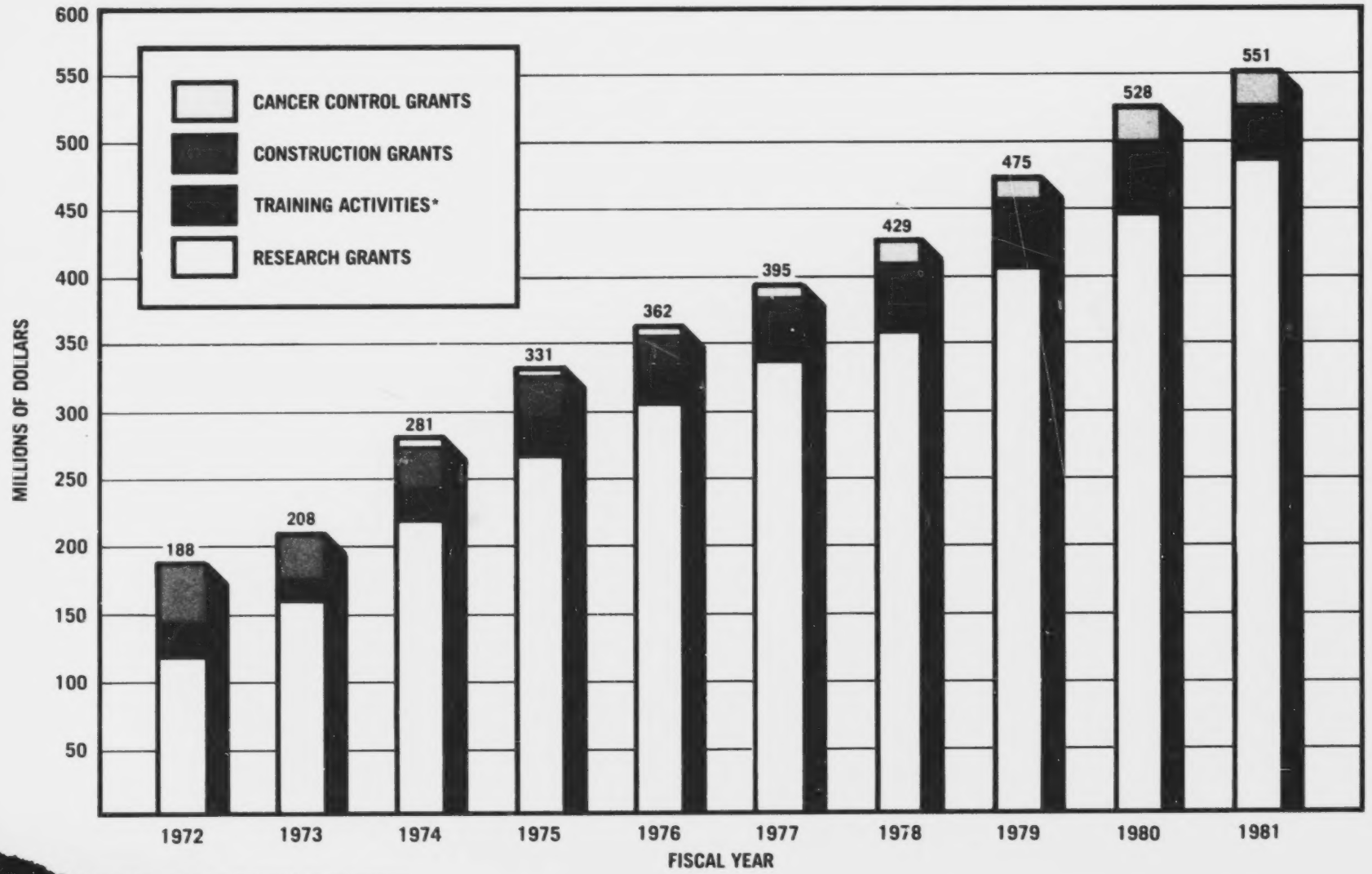

Clinical Education and Research Career Program.

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NCI TOTAL RESEARCH PROJECTS — 1976-1981[1]

(DOLLARS IN THOUSANDS)

FISCAL YEAR

	TYPE AWARD	REQUESTED		RECOMMENDED		AWARDED		PERCENT FUNDED[3]
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
1976[2]	Competing							
	New	1,681	$168,582	1,013	$ 68,791	475	$ 37,058	46.9
	Renewals	460	85,612	363	49,914	256	41,147	70.5
	Board Supplement	69	4,557	45	2,121	37	1,846	82.2
	Total	2,210	$258,751	1,421	$120,826	768	$ 80,051	54.0
	Noncompeting					1,766	$184,944	
1977	Competing							
	New	1,942	$205,169	1,146	$ 78,484	396	$ 30,591	34.6
	Renewals	657	102,681	525	58,264	247	33,823	47.0
	Board Supplement	60	3,309	38	1,029	16	366	42.1
	Total	2,659	$311,159	1,709	$137,777	659	$ 64,780	38.6
	Noncompeting					1,474	$159,692	
1978	Competing							
	New	1,936	$197,460	1,310	$ 89,506	522	$ 41,386	39.8
	Renewals	719	122,158	610	68,020	348	45,624	57.0
	Board Supplement	50	5,388	31	3,545	24	3,302	77.4
	Total	2,705	$325,006	1,951	$161,071	894	$ 90,312	45.8
	Noncompeting					1,376	$160,433	
1979	Competing							
	New	1,474	$201,206	1,436	$108,264	565	$ 50,351	39.3
	Renewals	713	121,689	556	78,166	314	56,651	56.5
	Board Supplement	45	4,313	27	1,501	21	1,033	77.8
	Total	2,232	$327,208	2,019	$187,931	900	$108,035	44.6
	Noncompeting					1,493	$177,097	
1980	Competing							
	New	1,413	$210,207	1,403	$117,167	461	$ 45,303	32.9
	Renewals	645	125,053	568	73,680	393	45,802	53.3
	Board Supplement	35	3,814	33	1,443	29	1,261	76.3
	Total	2,093	$339,074	2,004	$192,290	783	$ 92,366	39.3
	Noncompeting					1,762	$228,959	
1981	Competing							
	New	1,319	$ 207,135	1,264	$ 170,704	383	$ 53,004	30.3
	Renewals	625	126,466	608	81,162	417	48,122	47.9
	Board Supplement	34	3,776	31	1,788	21	630	68.1
	Total	1,978	$ 337,377	1,903	$ 253,654	821	$ 101,756	39.0
	Noncompeting					1,802	$253,389	

[1] Includes R01 traditional grants, P01 program projects, R23 new investigator research awards, and CREG REA's.
[2] FY 1976 includes transition quarter (total of 15 months).
[3] Percent Funded: Number Awarded ÷ Number Recommended.